# Improvement and Development Programme

‘Supporting people to stay healthy, safe and independent at possible, during all stages of their lives’

The team have been amazed at the potential and impact of using strengths based approach and behavioural science, the teams love it and wish we had started using this years ago

If you can achieve it yourself - is this not better for long term goals and longer term life?

I did the job I signed up to do when I did that visit

we will focus on your independence and how we can support you to remain independent at home

I thought we were practicing in a strengths based way before but now I realise the difference, and importance of doing this

In the beginning I was sceptical and thought I was already doing a lot of this stuff, but delving deeper and using different language has been really positive… Yesterday I had a conversation with a 92 year old and it was just very, very positive and focussed on what she can do…we realised she didn’t need a call at tea time as she is able to do this herself

It changed the conversation from what I want and need to talking about a person’s strengths and the positives they are currently experiencing

# Adult Care & Community Wellbeing | Introduction

- ASC in Lincolnshire has been **performing well over a number of years**, enabling the directorate to consistently achieve a balanced budget
- However, the impact of Covid on the council and local area has created more **uncertainty around future demand and cost** as well as greater uncertainty over future funding for local government & Adult Social Care
- As such, the service has continued to **ensure it is delivering the best outcomes at the lowest cost** – and to assess whether there are opportunities to reduce demand and spend over the coming years
- **We have been working together to:**
  - ❑ Identify **opportunities to intervene earlier** to help prevent, reduce or delay need for formal support
  - ❑ Trial and roll out **interventions aiming to maximise independence** and reduce escalation of need at Front Door, Wellbeing Service and LD/ Adult Frailty reviews
  - ❑ Develop an **ambition, cost/ demand trajectories and a programme of activity** to deliver this



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## Data intelligence gathered at the beginning of the programme supported us to identify interventions which were developed to deliver our ambition - by maximising independence, improving outcomes and reducing cost across the system

- Identified **interventions have been implemented** (see Figure 1), and we have **worked with frontline teams across the care pathway to embed strengths based approaches in practice**, aiming to maximise independence & improve outcomes for individuals.

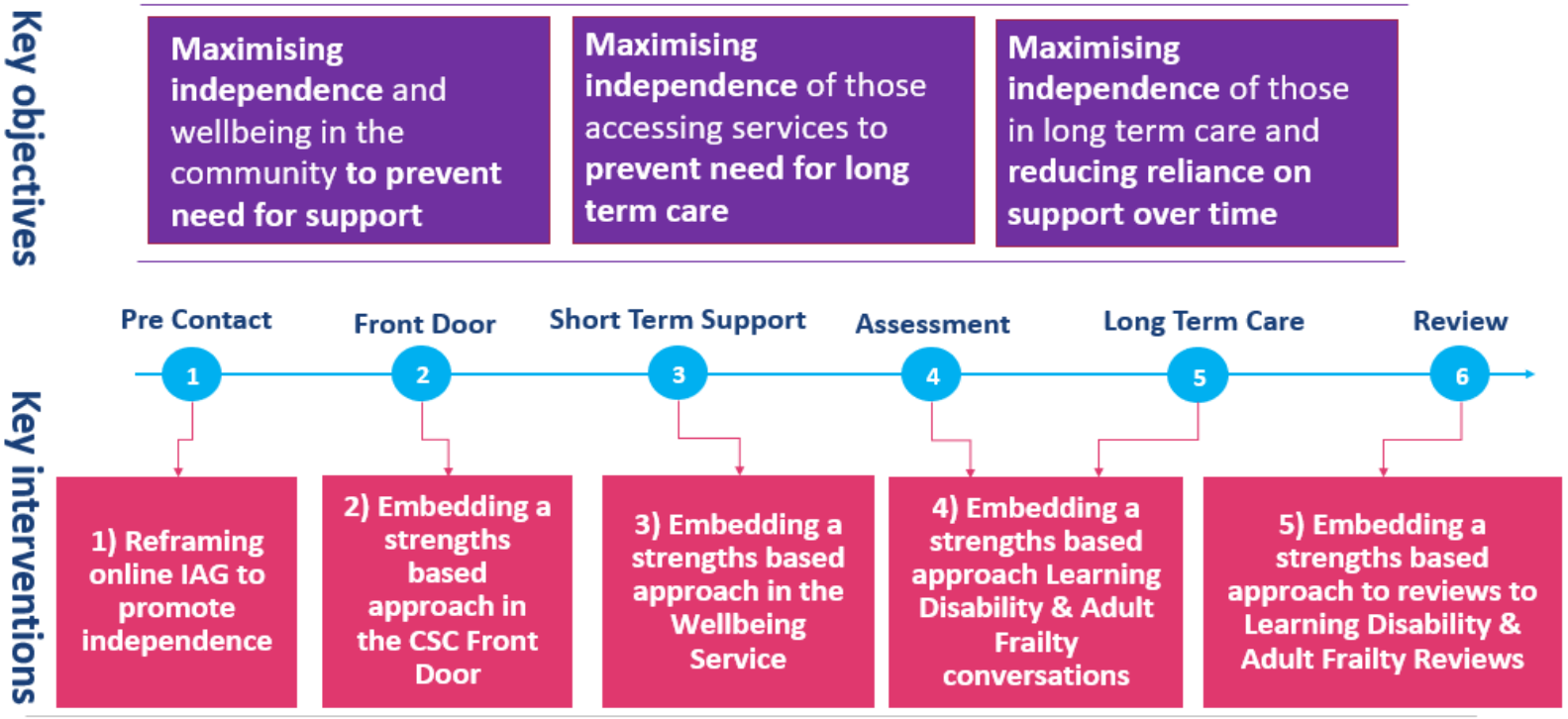



**Figure 1.** *Objectives and interventions implemented following insights gained through demand analysis activity*

# A new vision and inclusive ambition for Adult Care and Community Wellbeing

**Linking to the council's corporate plan priority:**
**'Enable everyone to enjoy life to the full'**

**Our vision for Adult Care and Community Wellbeing is:**
**'People stay as healthy, safe & independent as possible during all stages of their life'**

## Local People

I live an independent, fulfilling life.

I get the right support at the right time if it is needed.

My family members get the help they need to remain well and we support each other.

I am able to use technology to remain independent and active in my community.

## Our Workforce

We support people to see their strengths and what they are able to do rather than what they can't.

The things we do support people to improve their quality of life.

We draw on our own and the persons experience, judgement and creativity to support people to improve their quality of life.
We provide the right amount of support to each person.

We will support people to be safe and from coming to harm.

## Fulfilling Lives

## A fair and sustainable approach to managing public money.

The investments we make support our ambition to help local people live independent and fulfilling lives. Preventing future needs developing where possible.

We understand the cost of what we do and the likely future demands we face,

How we spend money is informed by what we know works well, while being creative and innovative to meet future demands.

We report our financial performance openly and regularly.

We make investment decisions that support a medium term financial outlook.

## How we organise ourselves

People working in both health, social care and our partners, share the same ambition to help local people live independent and fulfilling lives.

We work together with our independent and private sector partners to develop a flexible, strong and sustainable workforce that supports people to live a good life

Our information and advice, on-line services and overall approach is to give people the opportunity to make good decisions, serve themselves and/or get help when they need it

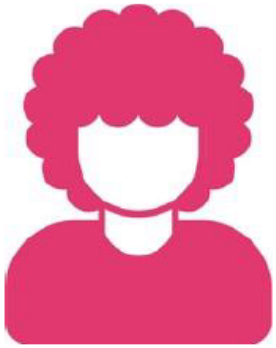
As young people who use children services become young adults we work closely with them, their family and our colleagues in children's services to help them lead full and independent lives

# Intervention at the front door has impacted demand and outcomes – and frontline teams are seeing impact

Over a three month period advisors applied the approaches to over 2000 calls across four groups. **Referrals to ASC** following contact at the CSC Front Door **reduced significantly** across all groups over the roll out period. Case studies and feedback illustrate the impact


**"we can have a discussion together…. And see how independent your father is and what his goals might be, and we can work together to come up with a solution to achieve those goals"**

**"we will focus on your independence and how we can support you to remain independent at home"**



Care coordinator at GP surgery calling to make a referral for Mrs X (aged 101). The individual has recently fallen out with a neighbour who supports her with her shopping. Mrs X is now asking to go into a residential care home.

Through discussion focussed on independence, using a strengths based approach the advisor was able to identify how independent the lady was and how much she could do for herself.

The advisor was also able to identify that Mrs X was lonely through discussion with the care coordinator, and that she was considering a move to supported housing type arrangements due to this.

Instead of a referral to ASC the advisor made a referral to the wellbeing service to discuss supporting Mrs X with her housing situation. They may also be able to support with befriending services to improve her loneliness.

# Over the last 12+ months work with frontline teams has delivered significant impact across the system

| People supported earlier through improved conversations | Wellbeing Service | AFLTC Assessment Teams | AFLTC Review Teams Trials | LD Teams Trials |
|---|---|---|---|---|
| **1 in 10**<br>New contacts at the ACSC resulted in a referral for assessment (down from almost 1 in 4 in 18/19) | **28%**<br>More people are being supported earlier-the Wellbeing referrals were 28% higher than the quarterly average in 18/19 | **12%**<br>The proportion of assessments that need to go on to LTS decreased from 32% in 18/19 to just 12% in Q3 in 21/22<br><br>We have seen an Increase in signposting following ICs/ assessments in teams<br><br>Proportion of initial reviews resulting in decrease in support or avoided an increase in support in Sleaford team | **22%**<br>Proportion of Adult Frailty reviews resulting in decrease in support needed or avoided an increase in support in West Review team | **10%**<br>Average proportion of LD reviews resulting in decrease in support needed or avoided an increase in support |

**"The trial has helped us look at things differently…its stopped us from going into rescue mode"**

**"I did the job I signed up to do when I did that visit"**

**"Strengths based approaches and applied behavioural science will support difficult conversations."**

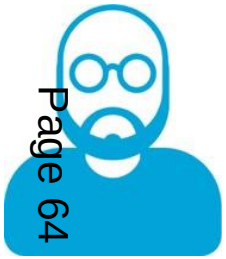
*Impact headlines from impact log data captured during trials and roll out periods with front line teams across ACCW*

# What have we delivered so far? Continuing to move from good to excellent….

**The adults care Improvement Programme which is part of the transformation programme is well advanced,** implementing strength-based practice as the method of practice aimed at promoting independence and managing demand**. We have been working to create a more resilient directorate**, that is responsive to changes in demand across the care pathway. Key achievements include:

- **We have developed an ambition** for ACCW, **with financial trajectories** that demonstrate the impact of achieving this. The **improvement and development programme has been mobilised** to support delivering this ambition.
- **Practitioners engaged** in strengths based approaches workshops and huddles **(Worked with 30+ teams), report feeling more empowered and more valued** in their roles. **89%+ of practitioners** have reported **finding strengths based approaches and tools useful** for their conversations.
- **50% of all teams have now been inducted into the new approach**, we are already seeing a shift in demand which has been highlighted. Results continue to reflect the importance of addressing practitioner behaviour. **The behavioural model has now been extended into the discharge to assess programme with NHS partners which demonstrates how we are working in an integrated way across the system**
- We have worked to support **skills transfer and further roll out of Strengths Based Approaches** with more Adult Care teams, delivered by an integrated team of LCC and IMPOWER resource.
- The **web content group** have been **upskilled in applying behavioural science** and a focus on maximising independence **across key adult care content** on the LCC website to support the new vision and **focus on maximising independence**.
- A **Primed Performance approach** is currently in development **to enable consistent focus on agreed performance metrics and trajectories** across ACCW at a team, service and directorate level.
- **Our Medium-Term Financial Plan incorporates the net financial benefit of the programme.** As we continue to roll out at scale, **we are forecasting delivery of £1.8m cost benefit from our agreed initiatives** which includes supporting individuals within an extra care setting, expanding our reablement capacity and the full roll out of the strengths based approach programme.

# Case studies illustrate the impact of this work on individuals lives and level of independence



Man lives alone in council property, diagnosis of MS which impacts on his mobility & memory.

He is a **young man who is keen to be as independent as possible** but does not always have full insight to his support needs.

The conversation **began with the man telling the practitioner what was currently working well**.

They identified he that he **misses accessing his community**, and that he would **like to learn how to do tasks himself**. This included learning to cook, and he agreed to look online for some recipe books.

As the man's memory is not as good as it used to be **the practitioner supported him to set up his Alexa to remind him when people are visiting and of upcoming appointments** so that a support worker does not need to do this. The practitioner **also supported the man to remember the tasks they agreed during the conversation,** by writing down a list and putting on the fridge.

As a result of the changes identified **the homecare support is going to be reduced to 3 calls rather than 4 a day.**

The **support hours** also currently not being utilised by the man **will instead be used to allow for social support**, to increase his social networks and become more part of the community again.

*"These **tools were fantastic** in this conversation, I was surprised how well they worked and **how much easier the conversation flowed**. It also **allowed the gentleman to feel more in control of his life** and support which in turn made him **engage more and be excited** for the care options. **I came away feeling the visit had gone so well** and felt I **had been able to empower the gentleman to be independent** and make his life feel less like he is 'just existing'"*

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EDGE WORK