

Health and Adult Services Scrutiny Committee
Meeting to be held on Wednesday, 8 May 2024

Electoral Division affected:
(All Divisions);

Corporate Priorities:
Caring for the vulnerable;

Living Better Lives in Lancashire
(Appendices 'A' and 'B' refer)

Contact for further information: Mark Howe, Director of Quality Improvement and Principal Social Worker and Kerry Ross, Head of Service Quality and Improvement

Brief Summary

Living Better Lives in Lancashire (LBLiL) serves as the overarching vision for Adult Social Care, designed to empower Lancashire residents to live their life the way they want, with the maximum level of independence.

This report seeks to provide the Health and Adult Services Scrutiny Committee with information in relation to Living Better Lives in Lancashire.

The information in this report is summarised by a short presentation (as at Appendix 'A') that will be provided on the day by way of an introduction to a question-and-answer session conducted by members of the Committee.

Recommendation

The Health and Adult Services Scrutiny Committee is asked to:

- i. Consider the information provided by way of meeting preparation.
- ii. Reflect and feedback on the work undertaken to support pathways into the VCFSE provision.
- iii. Support the introduction of the Living Better Lives in Lancashire Practice Model through adoption of a strengths based approach and the Wellbeing and Early Support operating system.
- iv. Discuss and identify any additional recommendations for consideration by the Cabinet Member for Adult Services to further support the work outlined.

Detail

Background and Context:

As set out in the Care Act 2014 'A local authority must provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will:

- (a) contribute towards preventing or delaying the development by adults in its area of needs for care and support.
- (b) contribute towards preventing or delaying the development by carers in its area of needs for support.
- (c) reduce the needs for care and support of adults in its area.
- (d) reduce the needs for support of carers in its area.

Living Better Lives in Lancashire (LBLiL) serves as the overarching vision for Adult Social Care, designed to empower Lancashire residents to live their life the way they want, with the maximum level of independence.

To view the vision on one page, please see Appendix 'B'.

Since its initiation in 2021, LBLiL, along with the trajectory of its development, particularly our adoption of a strengths-based practice model, has undergone significant evolution.

In the autumn of 2022, the Older Adult and People with Physical Disabilities Service in Central Lancashire (OPPD-C) within adult social care embraced the Three Conversations™ model. This innovative approach to assessment involves a structured series of conversations geared towards facilitating independent living, with conventional support packages being offered as a last resort after exploring alternative options. The integration of the Three Conversations™ in OPPD-C followed a successful pilot involving five teams that commenced in 2021.

This process of integration was facilitated by Partners4Change, culminating in the commencement of innovation towards the end of November 2022 and the onset of December 2022. Initially scheduled for a thirteen-week duration, the innovation period was subsequently extended to twenty weeks.

Partners4Change are a consultancy who use The Three Conversations to support local authorities and the NHS to make change to the conversations they have with people to enable them to really change their lives. They work through a series of specific stages that start with understanding the local authority's / NHS's story, attract people to get involved, and then deliver a collaboratively designed new way of working. Partners4Change advise that their work is precise and well defined – but it is the local authority / NHS will make it their own.

Upon the conclusion of the twenty-week innovation period, six teams conducted evaluations of their experience. These evaluations were presented to the LBLiL



delivery team in place at the time, and members of adult social care, the LBLiL delivery team subsequently generated a comprehensive evaluation report.

Ultimately, the evaluation report concluded that during the innovation period, there was a notable decrease in staff morale, wellbeing, and resilience. Moreover, the relationships among Partners4Change, the LBLiL delivery team, and OPPD-C became strained, impeding the development of Lancashire County Council's strengths-based model for adult social care.

Despite the challenges encountered by OPPD-C, the evaluation also yielded promising data, demonstrating:

- A decrease in the number of individuals accessing commissioned services.
- Overall reduction in the waiting list for assessments.
- Fewer individuals requiring repeat interventions from adult social care.

Moreover, qualitative data analysis revealed a positive impact on individuals receiving support, highlighting improvements in the connections and collaborative relationships among adult social care community teams, especially with occupational therapy and reablement services. Consequently, the recommendation for implementation favoured adopting a strengths-based approach, accompanied by various considerations aimed at refining the existing model.

A series of workshops and engagement sessions were conducted to plan the future approach. Subsequently, adult social care has transitioned away from Partners4Change and has devised a strengths-based practice model, incorporating insights from the Three Conversations™ framework and feedback from stakeholders, including our workforce.

Living Better Lives in Lancashire – Strengths Based Practice

The newly developed Living Better Lives Strengths-Based Practice Model is designed to revolutionise the interaction between professionals and individuals in need of support. It defines three distinct stages of assessment aimed at promoting independence, with traditional funding for support packages being considered only after exploring alternative options. Some individuals may find that information and advice be adequate to meet their presenting needs, while others may benefit from specific equipment or local community engagement. However, there will be provision for care and support for those who require it.

Rooted in our social work principles, the newly developed strengths-based practice model places professional practice and accountability at its forefront. It focuses primarily on people's strengths and community assets with frontline practitioners undertaking three stages of assessment. The practice model is underpinned by enablement and independence and promotes the understanding that people are the expert in their own life, empowering people to express their own wishes and preferences. Throughout all adult social care interventions, the model adheres to and embeds the Wellbeing Principle outlined in the Care Act 2014.

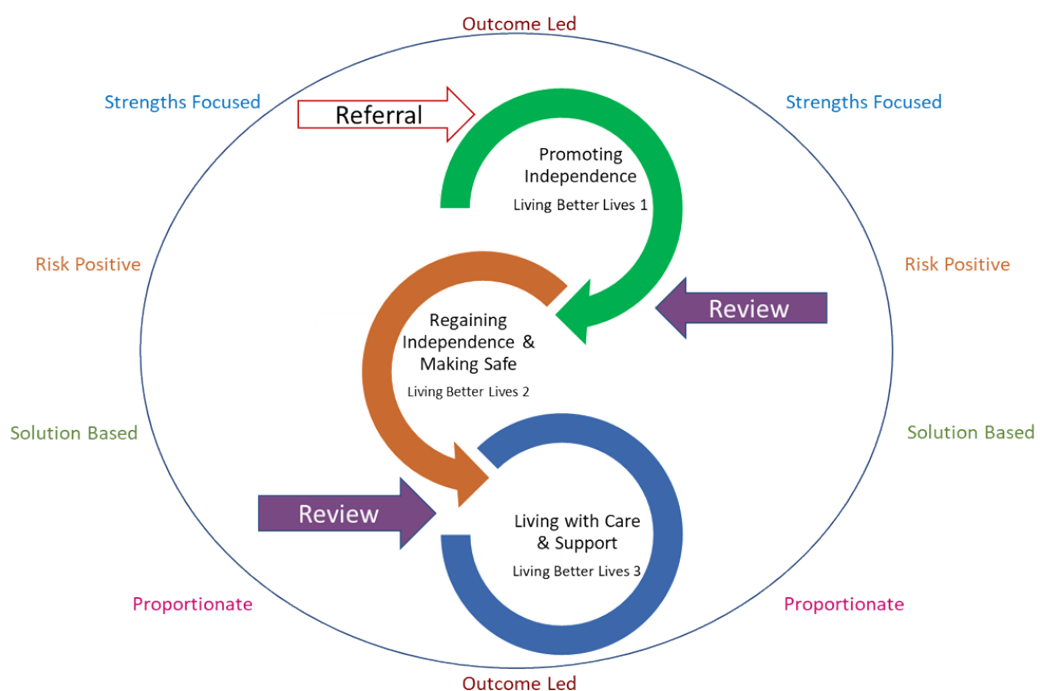


The following visual summarises the Wellbeing Principle, with all areas of wellbeing considered of equal importance:



Our assessment framework will be centred around three distinct stages:

- Living Better Lives 1 – Promoting Independence
- Living Better Lives 2 - Regaining Independence & Making Safe
- Living Better Lives 3 - Living with Care and Support



The entire process of the three-stage assessment model is geared towards empowering individuals, promoting independence, and leveraging community resources. Whenever feasible, the aim is to prevent or minimise the necessity for long-term service provision or resource allocation.

To put people at the heart of practice, adult social care aims to replace any 'assessment for services' culture with a commitment to proper conversations. To do this we will commit to the following:

1. Ensure people do not wait for support.
We will ensure that people do not wait for support by reducing the time spent screening, prioritising and reorganising people around our systems based on an assumption of need.
2. Allocation
Team managers will manage risk in our waiting lists alongside Service Managers and Heads of Service. Allocation of work to practitioners will be undertaken by management.
3. Minimise transfers between services, and reconsider how we make referrals.
We will not process people and move people around lengthy waiting lists. When people require another team or service more suitable to them, we will support them to connect to that team or service, without simply moving them around our systems.
4. Move away from traditional approaches to assessments.
We will move away from assessing for services and move towards a conversational method to allow the person to identify and define what good looks like for them. We will not focus on problems and apply quick fixes; instead, we will proportionately explore what a good life looks like to someone and how we can work with them to achieve it. We will recognise people as unique individuals and think about their lives as a whole.
5. Commissioned services no longer seen as the only solution.
We start with our communities. Commissioned services are beneficial when the right amount of care is provided for the right amount of time. We will move away from the idea that commissioned services are the main or only option all the time.
6. We will not long-term plan in a crisis
We will support people through their difficult period, and long-term plan once their situation has stabilised.
7. We will not move on to stage 3, before exhausting stage 1 and 2
We will exhaust the first stages of our assessment, 1 and 2, before moving to stage 3. This ensures we really listen to people and explore all their options before moving to more formal interventions.

Our assessments will be appropriate and proportionate, minimising intrusiveness to the necessary extent. It's crucial to grasp the purpose of our involvement from the



outset while also delving into and comprehending any underlying needs. Timeliness is key to our assessments, acknowledging urgent needs and recognising the potential for evolving needs. Transparency regarding our timelines and consistent communication with individuals and carers will be imperative throughout the process.

We will instil confidence in our workforce, encouraging them to rely on their professional judgment and expertise to understand the individual and their situation, to determine appropriate actions, and provide rationale behind them. Conducting assessments in this manner ensures they are legally literate, person-centred, solution-oriented, strengths-based, and outcome-focused.

Living Better Lives in Lancashire – Operating Model

As previously stated, Living Better Lives in Lancashire is our overarching vision for Adult Social Care Vision designed to empower Lancashire residents to live as independently as possible.

In performing [its Care Act] duty, a local authority must have regard to:

(a) the importance of identifying services, facilities and resources already available in the authority's area and the extent to which the authority could involve or make use of them in performing that duty;

(b) the importance of identifying adults in the authority's area with needs for care and support which are not being met (by the authority or otherwise);

(c) the importance of identifying carers in the authority's area with needs for support which are not being met (by the authority or otherwise).

The current operating model of adult social care is complex and varies across different service areas, often resulting in those accessing adult social care having to re-tell their story multiple times to various practitioners. The LBLiL operating model aims to streamline this process by implementing a unified operating system across adult social care. This unified approach will ensure greater continuity for residents and eliminate the need for people to re-tell their story.

Under the LBLiL operating model, trained Customer Access Service (CAS) staff will provide prompt and efficient responses to enquiries. CAS will gather initial information, including demographic details, and provide appropriate guidance where necessary. CAS will continue to adhere to safeguarding protocols, connecting individuals to safeguarding services when appropriate. In cases where CAS cannot offer suitable advice or support for self-service, the call will be transferred to the Wellbeing & Early Support function.

The Wellbeing & Early Support function will play a pivotal role in gathering further information and ensuring individuals are triaged effectively, considering their immediate needs, strengths, responses, and risks. This function will serve as a county-wide coordinating role, facilitating a seamless front door for adult social care, with integrated place-based operations.



The Wellbeing & Early Support function will encompass three distinct delivery methods: telephone and virtual assessments, access through community delivery points, and traditional face-to-face visits. Each delivery method will encompass all aspects of the practice model as appropriate, ensuring comprehensive support across all channels.

Our community teams will initiate introductions with individuals during the initial review process. In addition to conducting these initial reviews, the community teams will also carry out annual reviews, manage a duty function for individuals known to adult social care and case manage those who require on-going social work intervention, handle unscheduled reviews and requests for reassessments. Individuals with long-term care and support plans will continue to be supported by our community long-term teams, without the need to go through CAS or the Wellbeing and Support Function again.

To reiterate, the Wellbeing and Early Support function will be the 'front-door' to our adult social care community teams. The function will be delivered by skilled professionals who will take calls, offer social care information and advice, direct individuals to local community groups or Voluntary, Community, Faith, and Social Enterprise (VCFSE) resources, and arrange access to short-term support as appropriate, with the aim of preventing, reducing, or postponing the need for long-term care and support. Following this, where necessary, the function will assess Care Act eligibility, discuss the individual's indicative budget, and collaborate on the development of long-term care and support plans.

Alongside the development of the LBLiL operating model, across the last 18 months transformation work has been taking place across the Lancashire 'intermediate care' services, which Adult Social Care delivers in partnership with the NHS, the VCFSE sector and independent sector care providers. A new 'Short Term Support Service' has been developed based on feedback from people who have lived experience of home and bed based intermediate care services, our partners and our staff as well as incorporating national guidance and good practice seen elsewhere.

The Short-Term Support Service comprises the teams formerly known as Acute, Intermediate Care and Reablement, and retains the Intermediate Care Allocation Team (ICAT) hubs as well as the existing NHS and other partnerships in the integrated hubs. It supports people to avoid unnecessary hospital or care home admissions, remain in their own home, as well as supporting people to be discharged from hospital as quickly as possible. New homebased intermediate care services have been commissioned, called 'Short Term Care at Home'; an end-to-end service replacing the previous crisis support, home first, and reablement services, that is a much more responsive service to the needs of people using it. The intermediate care transformation is also implementing changes to the existing bed-based services and the commissioned low level social care support provided via the VCFSE sector.

Aligned to the LBLiL vision, the new Short Term Support Service promotes independence underpinned by the Adult Social Care strengths-based practice model of 3 stages of conversation and assessment. Enabling more people to have access to services to maximise independence will further support the community teams and



the Wellbeing and Early Support function to connect people quickly to the right recovery and reabling support at the right time.

The implementation of the Wellbeing and Early Support function will be phased. Phase 1 is in development with implementation planned for 1st July 2024. The overall aim is:

- Ensuring residents have access to the right information, advice, and guidance.
- Ensuring residents are signposted to appropriate community assets.
- Ensuring residents have access to short term support, where appropriate.
- Ensuring residents who are eligible for services under the Care Act are provide with holistic long-term care and support plans that are outcome focused and evidence that needs are met via a range of interventions and services,
- Creating equitable access across the County.
- Managing demand on long term care services.

Delivering our vision and implementation of a truly effective and efficient Adult Social Care Service will be dependent on mature system and we recognise that there is further work to in this area.

Adult Social Care Service Plan

Our service plan is built on 4 key programmes:

- Digital and Systems: Developing a robust information, advice, guidance, and signposting (IAGS) offer as well as access to a comprehensive Director of Services. In addition, the technology offered by the Liquid Logic Adult Social Care Case Management and Recording System (LAS) Portal can be utilised to support more efficient operational processes to enable a timely response to professionals and those in need of support from Adult Social Care. A focus in this area will streamline and modernise the way resident and professionals' access local authority services, providing a more intuitive and user-friendly way of interacting with the Council. The implementation of the LAS Portal aligns with Lancashire Council's Digital First strategy by:
 - Reducing the need to repeat information / enter information in several places.
 - Reducing waiting times.
 - Improve professional and citizen engagement.
 - Optimise service delivery.
 - Where possible, redirect demand to online platforms.
 - Realise operational efficiencies and create a more effective, future proof digital platform for accessing adult social care.
 - The development and implementation of the LAS portal will enhance access to Adult Social Care through digital solutions and provide self-service options for residents and professionals.
- Workforce and Culture: We have our adult social care workforce strategy and will be working to implement this over the coming year alongside a



comprehensive learning and development offer. To support our workforce, we are undertaking a comprehensive analysis of capacity and demand to align workforce capacity with demand and ensure Lancashire is effective in preventing, reducing and or delaying the need for long term care and support.

- Quality and Practice: Our core ambition is to deliver the vision of adult social care (LBLiL), which includes:
 - Reduced backlogs: Ensuring fewer people are waiting, and that waiting times continue to reduce. This includes those people waiting for occupational therapy and deprivation of liberty safeguarding (DOLS) assessments. Additional funding to reduce waiting times was obtained in January 2024 (Market Sustainability and Improvement Fund funded).
 - Provide strength-based practice training between March – July 2024 for all adult services staff.
 - Successful roll out of a new supervision framework has been completed, and a survey of our workforce to inform further improvements has been undertaken. Further work on our supervision framework and recording tools has commenced.
 - Practice audits and moderation of our casework has started and been reviewed, resulting in a review and amendment of guidance, a revision of the recording tools and a transition of the audit tools into LAS. Training has also been further developed and is taking place between April-July 2024.
 - The remainder of the Quality Assurance Framework will be planned and rolled out.
 - All Care Act policies have refreshed and published on the Adult Social Care policy portal, with non-Care Act policies now starting to be reviewed.
 - Align services to local footprints.
 - Embedding the Wellbeing and Early Support function into the social care operating model.
 - Transferring remaining care-service-finding activity from operations to commissioning.
 - Developing a Countywide strength-based community Occupational Therapy model.

- Market Shaping and Value for Money: Outlined in the commissioning and the VCFSE section below.

Commissioning and the VCFSE

Adult social care commissioners have been working with local VCFSE infrastructure leads for a number of years to enhance connectivity between the sector and adult social care. This collaboration extends to commissioning VCFSE services to support sections of our provision, such as Age UK providing our Short-Term Support at Home provision and N-Compass and Advocacy Focus who provide our advocacy services.

Our commissioning efforts encompass a range of strategies aimed at aligning with strengths-based principles. These include initiatives such as the:



- Carers Strategy
- Early Intervention and Prevention Draft
- Dementia Strategy
- Technology Enabled Care

These strategies collectively aim to fortify our support systems and services within the community.

Commissioners are actively developing resources to facilitate the dissemination of information, advice, and guidance to both the public and practitioners. This includes the commissioning of several key initiatives:

- AskSara (Equipment and minor adaptations public portal) of £60,000.
- Direct payments – (Commissioned with Lancashire Independent Living Service (LILS) of approx. £800k per annum – dependent on demand).
- Digital support within our Digital Health and Care offer (£2m per annum).
- Combined Directory of Services across Lancashire County Council with an organisation called Digital Gaps (currently being scoped).

We acknowledge the ongoing need to further develop our efforts in this area, particularly in terms of streamlining the linkage between our care and support sourcing (brokerage) services through Care Navigation into VCFSE provision and alternative options to regulated care.

Additionally, collaboration is underway with colleagues from other directorates within Lancashire County Council to develop a strategic approach to wellbeing and prevention. This initiative aims to link the work around Early Help Hubs within Children's services and the Community Wellbeing Programme under Public Health. Operationally, we are engaged in ongoing coordination with other directorates, such as the current review of Public Health, to minimise duplication and optimise resources.

Challenges

Workforce and Practice

Following the pandemic, the care sector throughout the UK has encountered significant hurdles. Those in the health and care fields were at the forefront of the COVID-19 response, dedicating themselves to supporting individuals, caregivers, and families, both on-site and remotely. Understandably, this exertion has taken a toll on the workforce, which continues to grapple with fatigue, while waiting lists and backlogs persist at elevated levels.

Peer Challenge reports from Northwest Association of Directors of Adult Social Services and the Local Government Association conclude there is a lot to celebrate in Lancashire and that there are clear opportunities to really accelerate our LBLiL agenda jointly with staff, partners, and communities.

Peer challenge case audits reveal an improving pattern of strengths-based practice in adult social care. Audits by peer challenges generally rate outcome assessments and interventions as 'requiring improvement' or 'good'. This pattern of audit outcome



aligns with the outcomes of adult social care case audit moderation. Efforts to develop practice with the workforce have been underway, including the rollout of a strengths-based practice model and the initial stages of implementing the Quality Assurance and Practice Improvement Framework.

Commissioning

Within commissioning, there is a requirement to invest in a number of areas to support the delivery of a strengths-based approach to social care. Our model of provision has been traditional and rooted in regulated care provision, so our commissioning approach is required to make a fundamental shift alongside the practice shift.

Traditionally, our commissioning efforts have primarily focused on fulfilling legal and statutory obligations, largely centred on care provision. However, this narrow focus has inadvertently channelled individuals into social care pathways, predominantly reliant on formal care services. Consequently, we have inadvertently fostered dependency among individuals and failed to present viable alternatives to formal care. This not only limits choice but also poses financial risks to the authority due to the limited range of options available.

We have tended to commission mostly on the areas where we have a legal and statutory responsibility to do so, and this has restricted our offer to primarily care provision. This has funnelled people into social care and ultimately, care provision because we have created dependency in people and not been able to offer an alternative to formal care. This is a financial risk to the authority due to the restrictive options available. Short term planning and budget allocations across adult social care also make it difficult for Commissioning to commit to strategic or longer-term plans.

Several challenges persist within the commissioning landscape, including:

- Budgets for preventative services: Current budgets within adult social care are focused on delivering provision to people who are in receipt of care or require care as part of a short-term package of support. Funding for preventative services is often short term and non-recurrent which makes longer term planning a challenge.
- Capacity within the Commissioning team: Presently, there is one Commissioner recently allocated to this work with one additional fixed term support officer funded through Accelerated Reform Funding.
- Tight timescales for implementing necessary changes within Care Navigation.
- Resources within Care Navigation to adequately support the Wellbeing and Early Support function.
- Evolving approach to Contracting and Contract Monitoring: Very limited resources are allocated to preventative or VCFSE contracts.
- Ensuring the ability to demonstrate effectiveness through robust Business Intelligence reporting systems.



Solutions

Workforce and Practice

There are a number of initiatives that align with LBLiL and will support in the success of achieving adult social care's vision:

Workforce Strategy: In late 2022 Adult Services developed and began to implement a Workforce Strategy. It has been commended corporately and is a blueprint for the organisational workforce plan currently in development.

Training of Workforce: There has been a recent substantial review of the training and development offer for all staff within Adult Services. Furthermore, the Quality and Improvement service is in the process of procuring the Social Care Institute of Excellence (SCIE) to provide strengths-based training to all practitioners in readiness for the roll out of the strengths-based practice model. The Quality and Improvement service has recently concluded a number of engagement sessions with adult social care practitioners, which focused on familiarising staff with the new practice model, and this has been well received by the workforce. Discussions are also underway with the esteemed Siobhan McClean (Honorary Secretary of the International Federation of Social Workers (European Region) and trainer and author in relation to social work theory and critical reflection) to provide training on supervision.

To ensure alignment with strengths-based practice principles, leadership in adult social care will undergo strengths-based leadership training with SCIE. This initiative aims to enable leaders to support and promote strengths-based practice while maintaining responsibility for performance management.

Refresh of Policy, Procedure and Policy Guidance: We have conducted a review of all Care Act policies, procedures and practice guidance and launched the new Lancashire County Council Policy Portal, which will eventually replace the Policy and Practice Guidance (PPG) intranet page. We are now embarking on a review of non-Care Act policies which are currently on the PPG intranet page and will transfer these over to the Policy Portal once refreshed. This will reassure staff that policy and guidance is current and aligned with the new practice model. Additionally, we have finalised a set of practice principles and a practice handbook to assist practitioners in implementing the strengths-based approach in adult social care. A manager's handbook is also in development and will be shared with staff shortly.

LAS Re-Implementation: Work around the LAS reimplementation is aligned with the roll-out of the strengths-based practice model and initial phase of adult social care's new operating model. This will allow for streamlined processes within our case management system, along with the introduction of strengths-based recording tools. These tools serve as supportive mechanisms for staff as they undertake the three-stage assessment process. Training and support will be provided to staff throughout implementation and for a short period afterwards, aligned with the support around the practice model.



Commissioning Solutions

The ambition within Commissioning is to establish a sustainable framework for preventative and support services, empowering individuals to maintain active independence. Collaborating closely with our partners in public health, children's services, and initiating joint working with our VCFSE partners, Integrated Care Boards (ICB), and District Councils, we aim to gain insights into the factors driving individuals to seek adult social care support.

This collaborative effort will enable adult social care to identify and devise strategies to address the root causes of such needs. It serves as a pilot initiative to see what resources different organisations have now and help decide where to put resources in the future for prevention services. It will also inform the development of the directory of services and support adult social care's operational model.

Commissioning aims to be in a position to align with best practice councils by ensuring comparable expenditure on VCFSE and community asset provision. Our aspiration is to establish a robust infrastructure across adult social care and the Council to promote wellbeing as a primary offer.

From a commissioning perspective, the proposed solution entails establishing a sustainable investment framework and budget specifically geared towards Early Help and Prevention initiatives. This strategic allocation aims to address areas where we currently deviate from national norms in terms of demand and expenditure on regulated social care, while also addressing high-cost care packages.

Dedicated staff within this commissioning structure would collaborate closely with the adult social care Quality and Improvement team. This partnership ensures that frontline practices and resources are effectively aligned to tackle identified priority areas.

As relationships with the VCFSE evolve and strengthen, we are presented with opportunities to explore diverse funding mechanisms aimed at ensuring sustainability. We have the opportunity to consider different funding mechanisms to ensure sustainability such as match funding, resource contributions (i.e. estate space) or joint applications for national funding. We also have an opportunity through recent commissioning activity to further develop our Pseudo Dynamic Purchasing System (PDPS) as a tool to develop our VCFSE market.

Additionally, the introduction of social value metrics (using the National Themes, Outcomes and Measures Framework - which provides a minimum reporting standard for measuring social value) within procurement and contracting means that there is an emerging opportunity to financially demonstrate the value of preventative and avoidance spending as a return on investment for the local authority. We will be working with our partners to consider how to test this out with our VCFSE colleagues as a means of demonstrating the effectiveness of commissioned services.

Appendices

Appendix 'A' and 'B' are attached to this report. For clarification they are summarised below and referenced at relevant points within this report.



Appendix	Title
Appendix 'A'	Living Better Lives in Lancashire Overview
Appendix 'B'	Vision on a page

Consultations

Implications:

This item has the following implications, as indicated:

Risk management

Finance

There are no significant financial risks detailed in this report.

Legal

The three conversations model will embed the Wellbeing Principle and adhere to the Care Act 2014.

Local Government (Access to Information) Act 1985

List of Background Papers

Paper	Date	Contact/Tel
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NA

Reason for inclusion in Part II, if appropriate

NA

