

ITEM 6

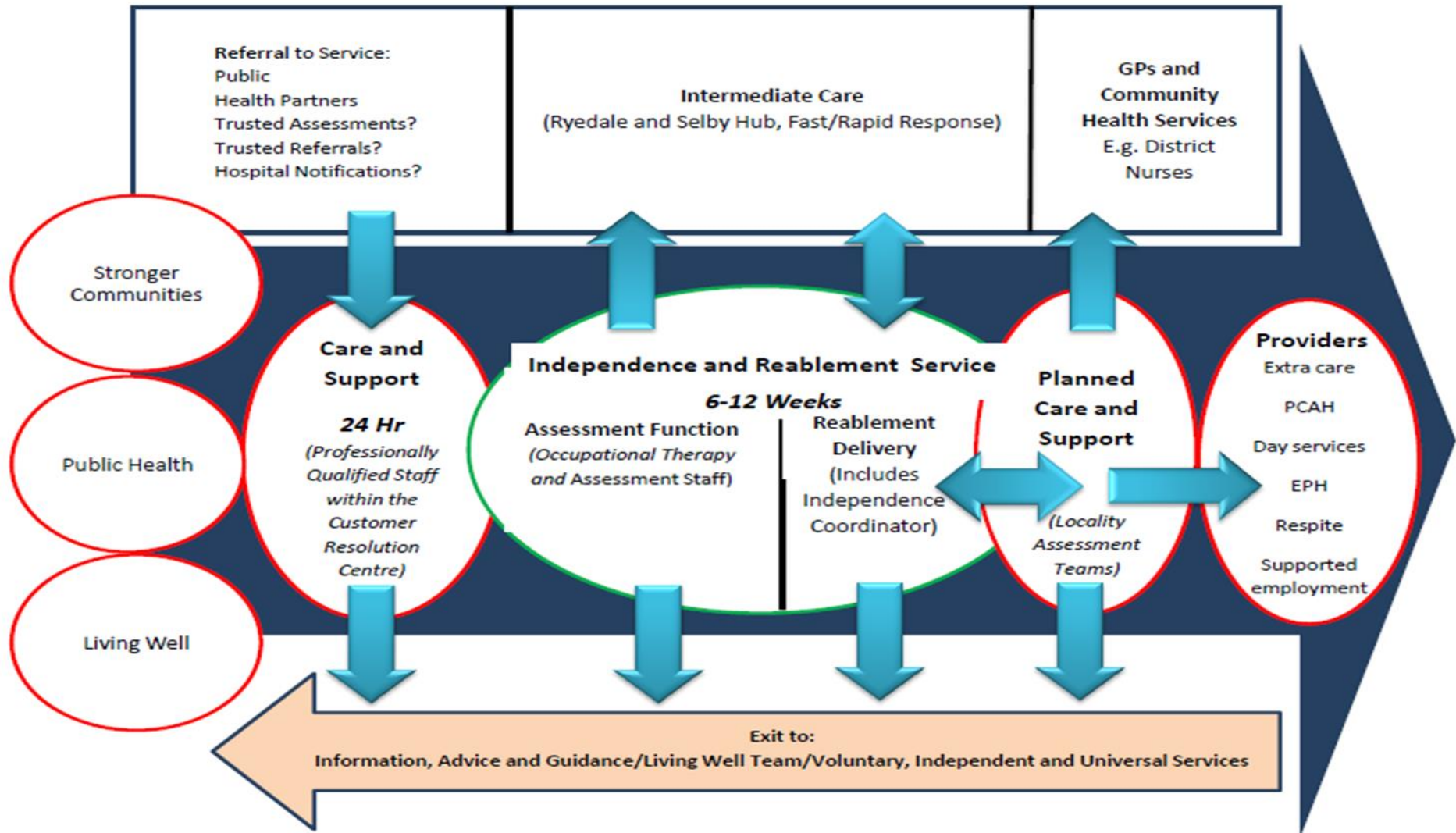
C&I Scrutiny 22nd March 2018

Strength Based Assessment Approaches

Rachel Bowes- Assistant Director Care & Support

Background

- Strength Based Assessments are a requirement of the Care Act 2014
- They support our responsibility to promote wellbeing and independence and reduce dependency
- They help us achieve our requirement to prevent, reduce or delay needs (alongside our Targeted Prevention and Public Health offer)
- They put people at the centre of our work
- Strength based approaches are used across our entire pathway



What makes a good assessment?

A strengths-based approach to care, support and inclusion says let's look first at what people can do with their skills and their resources and what can the people around them do in their relationships and their communities. People need to be seen as more than just their care needs – they need to be experts and in charge of their own lives.

*Alex Fox, chief executive of the charity
Shared Lives*

Follow a holistic/whole-person approach.

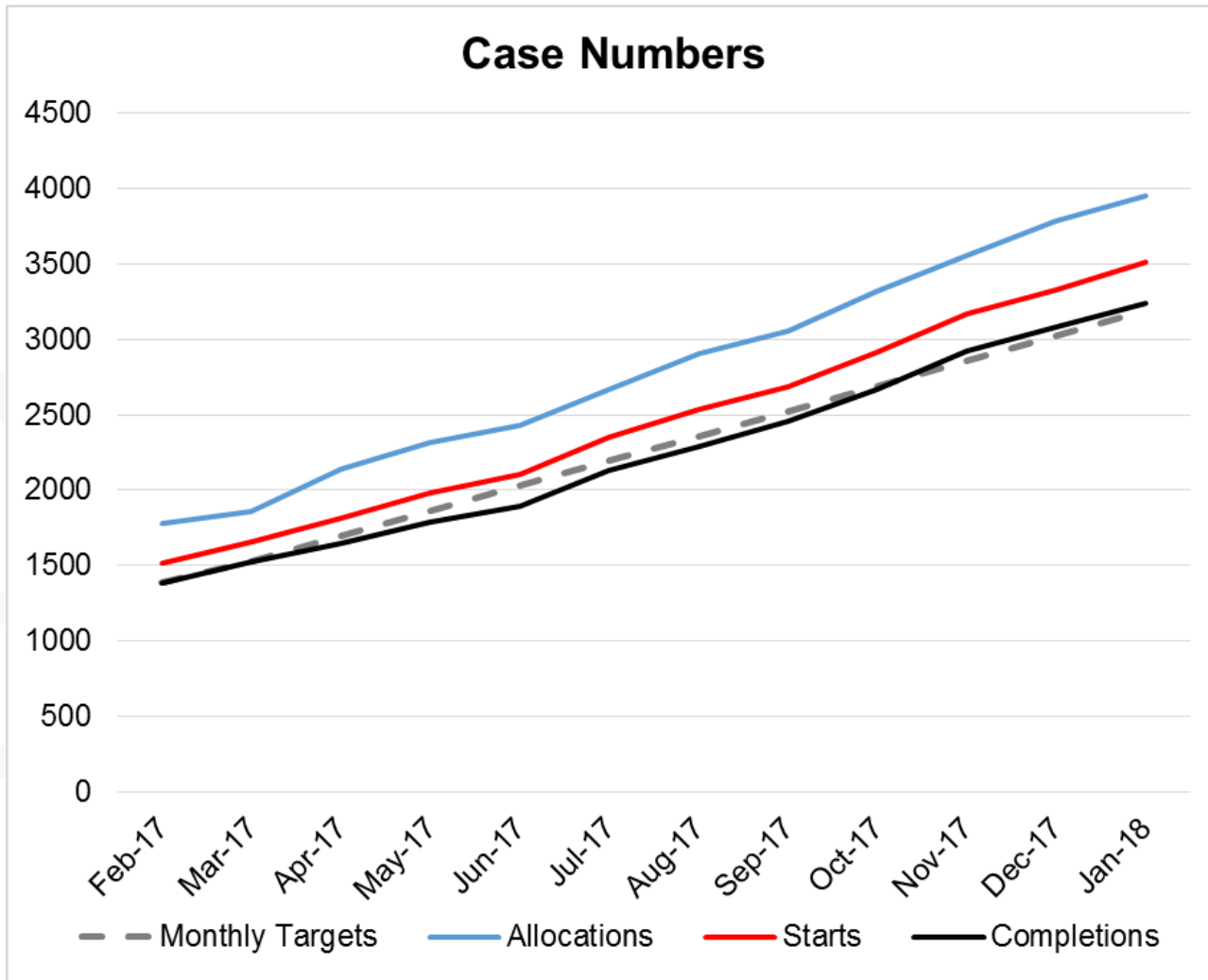
- Look at the whole community and be aware of the support available from that community.
- Focus on a whole-life approach not just a person's care needs.
- Focus on outcomes.
- Consider how the individual might contribute to the local community, and hence be better integrated in the wider society around them.

(Social Care Institute for Excellence)

How we have implemented strength based approaches

Month 20 data – January 2018

	No.	% against target number of completions	Monthly Change
Target number of completions	3,187	-	-
Number allocated	3,947	124%	-1%
Number started	3,515	110%	-
Number completed	3,238	102%	-



Outcomes we have achieved with
people through strength based
approaches

Case Study

Background	<p>KD is 81, lives alone, has lived in Tockwith all her life, has a good family network around her to offer support. Since the last assessment KD has been formally diagnosed with vascular dementia. SBA completed with KD, she has support package with Springfield care x3 daily, she is still trying to be as independent as she can. KD wishes to remain at home for as long as she is able to. Has bits of equipment at home to support her with living independently.</p>
Actions	<p>SBA completed for KD as she was prone to having UTI's which resulted in several hospital admissions where she would be in hospital for weeks at a time, KD is also diabetic. As a result of the SBA, x2 daily carers have ensured KD has a good level of nutrition/fluids and also are quick to respond if they feel KD is unwell. Carers administer all medication ensuring her physical and mental wellbeing are being met. Since having POC, KD has had no further admissions into hospital.</p>
Conclusion - narrative	<p>From the assessment I felt the POC was meeting KD needs, her physical, emotional and mental wellbeing were been met by having this support.</p>
PB	<p>Previous PB -£7600.00 Current PB - £6417.00</p>
LLA number	<p>192607</p>

Case Study - Sophie

Sophie is 18 years old. She has a rare genetic condition resulting in a learning disability and unstable epilepsy. Sophie was a Looked-After Child and at the time of her assessment she was in a foster placement but had to leave there by her 18th birthday. She is still at school.

As a sociable young woman Sophie enjoys spending time with others. She likes listening to music, singing and dancing. Sophie is aware that she must move, but lacks insight into her needs. There are concerns about how Sophie would manage her health, behaviours, risk and general activities of daily living on her own. Sophie is very dependent upon others in this regard and has had little opportunity for choice and control in her life so far.

At the outset it was identified that Sophie had substantial difficulty in understanding the assessment process. An independent advocate was appointed to support her. Information was sought from her Leaving Care Worker, CYPS Social Worker, foster parents, and school nurse.

Due to her life experiences Sophie's personal strengths, social network, and informal community resources were limited, but her enthusiasm and potential to develop independence was encouraging. By working with Sophie and her advocate the priorities identified were:

- To find accommodation within the same town and stay at school
- To maintain links with her existing friends and create new social networks
- To have opportunities to develop her skills in daily living
- To be supported to stay safe, to manage her money, and to monitor her health whilst developing new skills
- To have more choice and control over her life



Pictured above - Sophie before (left) and after (middle, right) her SBA assessment

Sophie has now settled into a shared supported living tenancy with 3 other young adults. She has made new friends and has greater responsibility for managing her own life. She had never before had the opportunity to choose her own clothes and dressed in a much older style. Sophie was supported to go shopping for a new wardrobe; this has transformed the way she feels about herself and the way other people perceive her. (see photos)

Throughout this entire process her mental capacity has been carefully considered, with best interest decisions made regarding her finances, accommodation and tenancy agreement. Information was adapted and simplified to make it more accessible for Sophie's level of understanding, ensuring she was as involved as possible in all the agreed outcomes. Although her PB is high, it is anticipated that formal services can reduce as her strengths are maximised over time.

Case Study

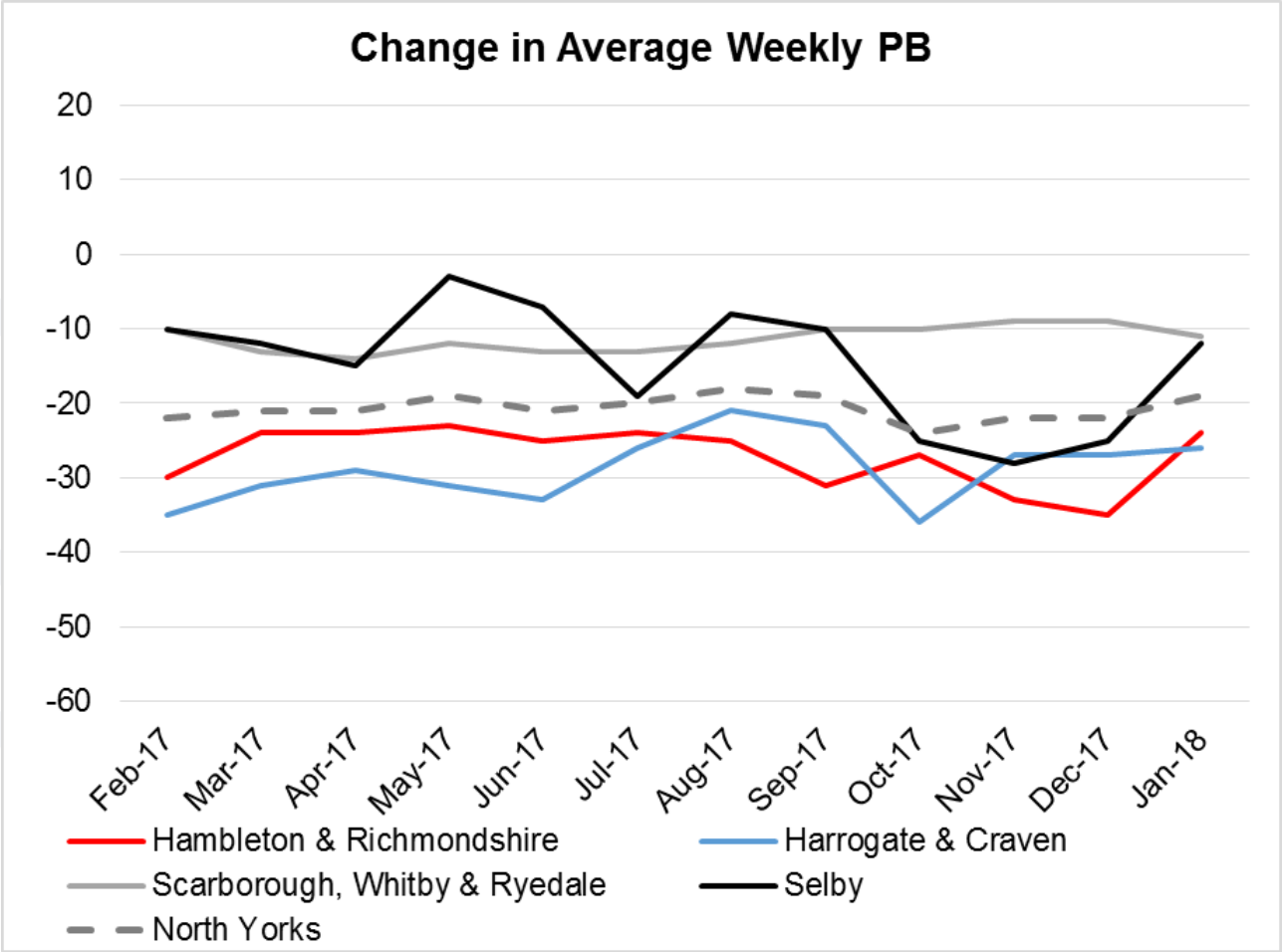
Background	Mr IM lives with his wife in their own home. Mr IM has Huntington's Disease and this affects every single aspect of his day to day life. Mr IM has an agreed Personal Budget of £19,570.72 to be provided in the form of a Direct Payment managed by his wife. He received some funding from CHC funding on top of his PB.
Actions	A detailed Strength based reassessment was completed on 12 th January 2017 which identified other health needs and a new CHC application was completed and processed.
Conclusion - narrative	As a result of the thorough SBA, and the CHC application, the person is now fully funded CHC. A lesson learnt is “always consider CHC “.
Previous PB, Current PB	£19570 NIL
LLA number	780047

Case Study

Extra Care

Background	Following the loss of her husband and due to deteriorating health Mrs H (age 93) went to live with her daughter and son in law, giving up her own home. Mrs H has a diagnosis of dementia. Mrs H became increasingly dependent on her daughter. As Mrs H's needs increased her daughter no longer felt able to manage. A referral was made for respite with a view to long term placement.
Actions	SCA provided carers assessment for daughter and completed a strength based assessment with Mrs H, with daughter's support. It was agreed that respite was needed at that point but the SCA felt it was important for Mrs H to be aware of all options, including Extra Care, explaining to Mrs H and her daughter the benefits of having carers on site 24/7, assistive technology and organised activities. Mrs H and her daughter both felt that Mrs H should give it a go.
Conclusion - narrative	Mrs H moved in June 17 to extra care. With support from the SCA and Reablement Team Mrs H has grown in confidence and has regained independence reducing the level of support needed from carers from 15.75 to 10.5 hours. Both her physical and cognitive abilities have improved and she appears to be thriving in her new home.
Previous PB, Current PB	£23,725.00 £15,353.00
LLA number	833254

Savings



Impact on PBs

Revised PB Is:	All Cases	
Higher	1,154	36%
No Change	973	30%
Lower	1,111	34%
Total	3,238	100%

Month 20 data – January 2018

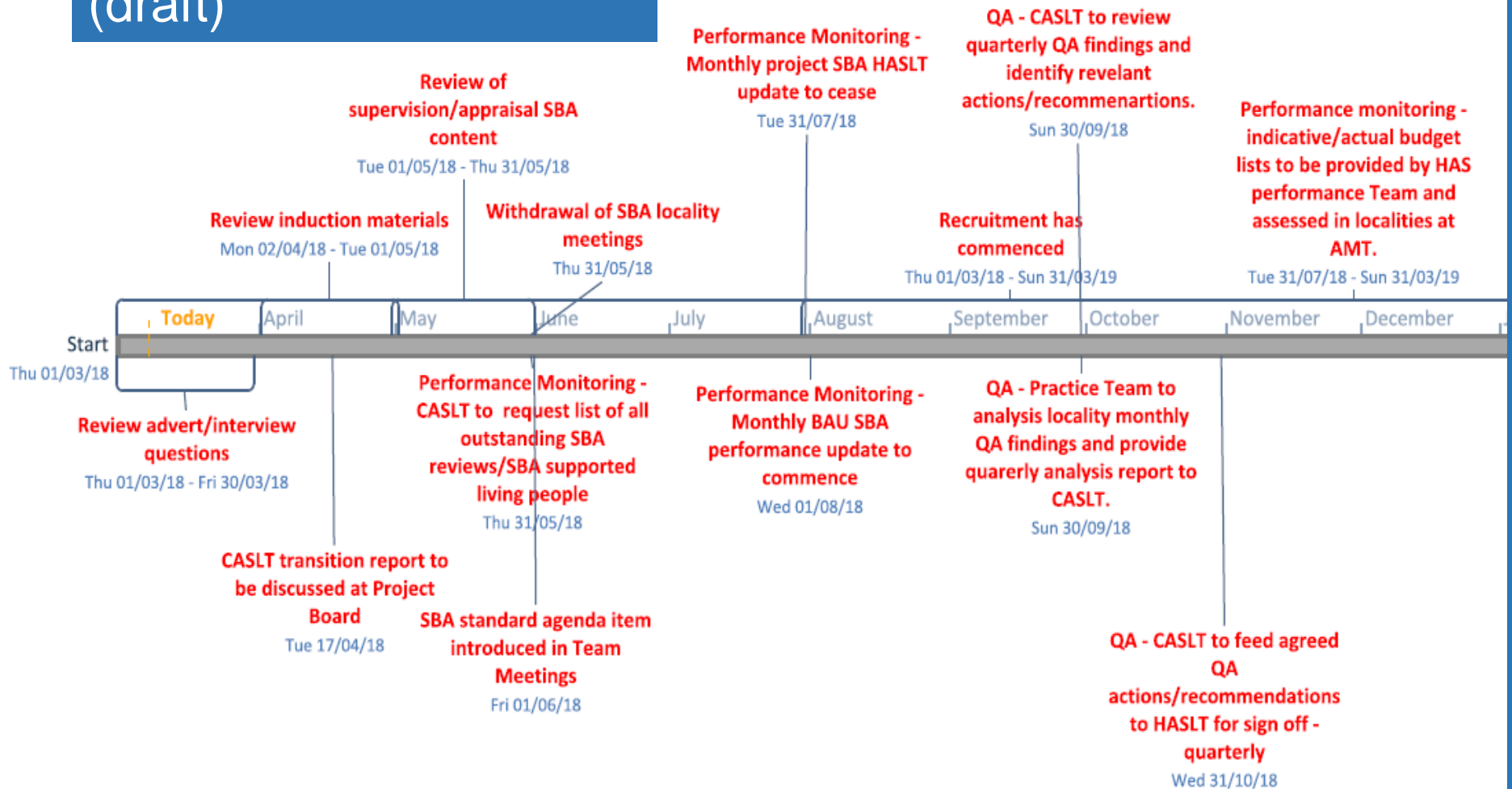
PERSONAL BUDGETS	Average Starting PB	Average Revised PB	Average Change	
Hambleton & Richmondshire	274.52	250.23	24.29	8.8%
Harrogate & Craven	338.25	312.05	26.20	7.7%
Scarborough, Whitby & Ryedale	286.71	275.39	11.32	3.9%
Selby	262.13	249.71	12.41	4.7%
Total	296.64	277.47	19.17	6.5%

Annualised Net Savings

Locality	2016/17	2017/18	Total
Countywide	£3,900	(£2,298)	£1,602
Hambleton & Richmondshire	£489,071	£363,876	£852,947
Harrogate & Craven	£579,980	£745,494	£1,325,474
Scarborough, Whitby & Ryedale	£429,670	£224,010	£653,680
Selby	£87,686	£176,514	£264,200
North Yorkshire	£1,590,307	£1,507,595	£3,097,902
Target	£1,000,000	£2,067,000	£4,042,000

Next steps.....

Transition timeline (draft)



Any questions?