



ADULT SOCIAL CARE STRATEGY

JUNE 2024

ENABLING PEOPLE TO LIVE HEALTHIER,
HAPPIER LIVES



ST HELENS
BOROUGH COUNCIL



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WELCOME

HELLO FROM JAMAILA HUSSAIN (OUR DIRECTOR OF ADULT SOCIAL CARE) AND COUNCILLOR ANDY BOWDEN (OUR ADULT SOCIAL CARE AND HEALTH CABINET LEAD).

Whether you are someone we support now, or someone we might support in the future, a family member or friend, one of our team or someone who works in our wider system - welcome and thank you for taking the time to find out more about the future of Adult Social Care in St Helens.

We have spent our early days as colleagues working with our teams, shaping your views into this strategy, giving us clearer direction and giving you a set of solid pledges around what the delivery of care and support to our adult population should feel like in the future. It's an exciting time and an opportunity to enhance social care and how we continue to work with people.

Throughout the Strategy, you might notice that we have used the word 'feel' quite a lot. When writing an Adult Social Strategy, it can be easy to focus all our time on practical actions - tick boxes and things to do. However, this not just Strategy about what we do, it's about how we do it, how things feel and what outcomes will be achieved when local people experience input from Adult Social Care.

Our commitment flows through our pledges and the things we plan to do to meet them. In fact, to strengthen this commitment to 'how things feel' this plan is written in everyday language, making no assumptions about the reader's knowledge of our sector. In the feedback you gave us, you told us that you wanted clearer communication and less jargon.

This plan is designed to make every interaction the best it can be for every person encountering Adult Social Care council services in St Helens. We want to break down the 'them and us' feel you told us about, to get to know you better and build new and stronger relationships. By getting back to basics - listening, sharing, and building trust we will ensure individuals carers and their families are fully involved in the assessment and decision-making supporting people to live healthier and happier lives.

WHAT IS A CABINET LEAD?

Cabinet Leads are local Councillors who have responsibility for certain areas of the council's work. This makes them a 'Cabinet Portfolio Holder'. Here in St Helens, Cllr Andy Bowden is Cabinet Member for Integrated Health & Care and under his remit he leads on Adult Social Care.

WHAT IS A DIRECTOR OF ADULT SOCIAL CARE?

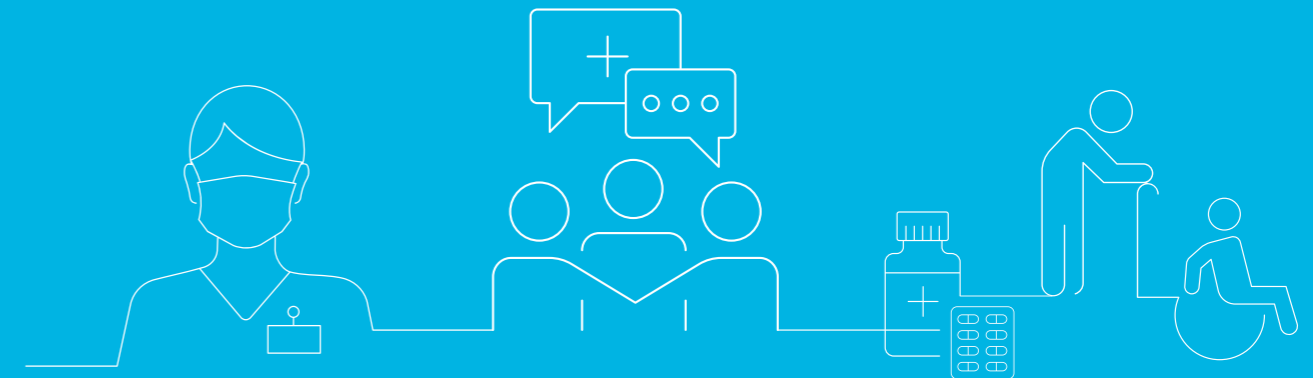
This person is employed by the council and leads on all aspects of Adult Social Care. They are responsible for the managing the budget, planning and overall success of the range of services within the department. As the most senior person in the Adult Social Care Department, they liaise with the Cabinet Lead regularly. Here in St Helens, Jamaila Hussain is our Director of Adult Social Care.



Jamaila Hussain
Director of Adult Social Services,
St Helens Borough Council



Councillor Andy Bowden
Cabinet Member -
Integrated Health & Social Care



WHAT'S THIS DOCUMENT ALL ABOUT?

THIS MIGHT BE THE FIRST TIME YOU HAVE READ A DOCUMENT LIKE THIS, SO LET US EXPLAIN WHAT IT'S ALL ABOUT.

The Adult Social Care Directorate have developed a Strategy that sets out clear direction of the way Adult Social Care will support residents. We have clear plans in place that give our residents information about what they can expect and that give our teams clarity about the end goals we are all working towards.

It is also about our legal duties under the Care Act (2014), a law that sets out how we should assess and provide support for adults. This document sets out how we want to make these plans and deliver on our responsibilities with lots of ambition, fresh-thinking, careful planning, and sensible decision making along the way.

THIS STRATEGY HAS NOT BEEN PRODUCED BY OUR TEAMS ALONE - TO MAKE SURE WE ARE FOCUSING ON THE THINGS YOU WANT AND NEED, WE HAVE TAKEN THE TIME TO LISTEN, TO UNDERSTAND YOUR THOUGHTS ON CARE AND SUPPORT IN ST HELENS AND PINPOINT AREAS FOR CLOSER ATTENTION IN THE COMING YEARS.

With your views and ideas on board we have created some pledges and actions, a 'to-do list' to reach a stronger version of Adult Social Care in St Helens - build on the support we offer, continue to improve, ways of working and ensure we work together with people to co-produce assessment and care plans supporting individuals, carers and families.

What's the Care Act (2014)

This is legislation that outlines what all councils need to do in terms of assessment, care and support for adults in England. The Act sets out how adult social care should be delivered by local authorities and who is eligible for care and support. It's about keeping people out of care for as long as possible, but also about providing care and support. Read about the Care Act here or the easy-read version here.



Our plan has four purposes:

- **To share** with residents, the professionals and organisations around them, what they can expect from Adult Social Care over the next few years, giving people an opportunity to work with us to change and make changes to improve the way we work together as well as holding the council to account and ensure we are meeting the expectations outlined in this Strategy.
- **To guide** teams both within our council and those delivering on our behalf (organisations like Independent Care Homes or Day Services and the Community and Voluntary Sector) and help them understand the practical things we need to work on together to reach our goals.
- **To connect** delivery of other programmes across St Helens, not only within the council, but also with our stakeholders and partners.
- **To work** with partners and community groups to ensure we have the correct information and advice to support people in an informed way.



HOW DID WE DEVELOP THIS STRATEGY?

During Autumn 2023, we spoke to over 300 people across our borough and asked them what they would change to improve adult social care and how they would do it. A range of residents, carers and people working in different care and support roles kindly gave their time, sharing their views and ideas, and providing us with a good foundation to continue to build on as well as supporting the development of the Adult Social Care Practice Model which is described in more detail later within the Strategy. We asked people what worked well, as well as what has not been working for them. More importantly what they would change and how they would do things differently.

Having conversations like this can be challenging, and when people share honest views about what's not working it can be hard to hear, but if we're going to make care in St Helens truly great, it's important that we listen, and that we hear when things aren't working but equally build on things that are making a positive difference.

Talking to local people was at the heart of this piece of work, however we also used data from various surveys national and local data bases.

To ensure we were aware of future need for people we used the Joint Strategic Needs Assessment (JSNA) to be able to plan what services and additional workforce we would require in the future.



WHAT IS ADULT SOCIAL CARE OUTCOMES DATA?

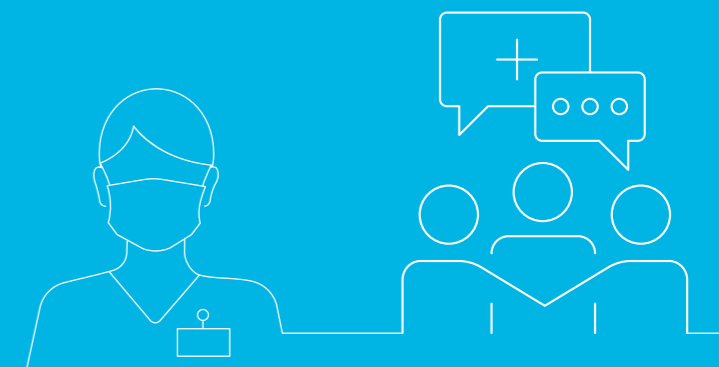
This set of measures tells our adult social care department how we are performing. It's made up of a set of data that councils across the country keep a close eye on. Some of the data comes directly from people receiving care and support (e.g., how happy people are with their quality of life or the amount of time they spend with other people), and some comes from organisations working in and around adult social care (e.g. how many people are having their care needs met once they're in a care home).

We also made sure that this strategy links to our wider council plans and priorities, especially our commitment to promoting good health, independence and care across our communities. This key priority from Our Borough Strategy 2021-2030, includes developing health and social care services that meet the needs of communities now and in the future and delivering excellent, responsive, place based integrated services through our partnership, St Helens Cares, by working closely with partners.

Once we sat down with all this content, we started to see several themes running through the data, the conversations with local people and the linked plans. Things started to come together and from this came six key pledges, each with a set of key actions.

AS YOU READ FURTHER INTO THIS STRATEGY, YOU'LL SEE THE KEY THEME OF RELATIONSHIPS, CONNECTIONS AND 'TRULY KNOWING EACH OTHER' COME TO THE FORE.

This idea of being part of something bigger and having ties to the people around us was central to our conversations with the residents of St Helens, and for this reason it's at the heart of our plans for the future - not just as a department but as a wider council.



HOW ARE THINGS LOOKING?

AT THE TIME OF WRITING, OUR TEAMS SUPPORT...



3,400

adults with long-term care needs



2,900

people to live independently



2,200

informal carers to support the ones they love

Before we get into the detail, we thought it would be useful to share some of the local and national background - what's been happening, what we expect to happen, and the impact that this has on the things we want to do. We have split this into five key themes:

- INCREASES IN DEMAND AND COST OF CARE
- CARE NEEDS THAT ARE CHANGING AND GROWING
- WORKFORCE AND ENSURING PEOPLE HAVE THE RIGHT TRAINING AND SKILLS
- KEEPING THE VOICE OF SOCIAL CARE RELEVANT
- ASSESSING THE DELIVERY AND SUCCESS OF SOCIAL CARE THROUGH POSITIVE OUTCOMES AND PROMOTING INDEPENDENCE.

Increase in Demand and Cost of Care

As you might already know, Local Authorities across the UK are currently struggling with budget pressures. What you might not know however, is the impact that adult social care spending is having on those numbers.

BETWEEN APRIL 2023 AND MARCH 2024 MORE THAN **£115 MILLION** WAS SPENT ON DELIVERING ADULT SOCIAL CARE IN ST HELENS (OVER 75M WAS SPENT ON DIRECTLY COMMISSIONED CARE). THIS WAS FUNDED FROM FEES AND CHARGES, GOVERNMENT GRANTS AND CONTRIBUTIONS AND COUNCIL TAX AND BUSINESS RATES.

The council are committed to explore a variety of ways we can improve services to support people to remain at home for longer through enhanced digital offers, equipment, timely assessments. As well as working more closely with health and housing colleagues to ensure joined up approaches to assessment and support.

We also want to ensure that we support prevention rather than crisis management, therefore linking in with people earlier throughout prevention and early intervention initiatives. Contact Cares is the first point of call for Adult Social Care Services.

Care Needs That are Changing and Growing...

AT THE TIME OF WRITING, WE SUPPORTED...



38,500

older people who'll need support



2,591

people living with dementia



1,009

older people living in care homes



823

older people living with learning disabilities

WITHIN JUST ONE YEAR WE EXPECT:

3%

increase

4%

increase

6%

increase

2%

increase

*Source: Adult Social Care Activity and Finance Report, England, 2022-23, NHS Digital. Percentage is calculated using the council's net expenditure (i.e. level of spending after all related income and expenditure is factored in) on costs of all its services for 2022-2023.

People in St Helens are living longer, yet the time they remain in 'good health' is lower than the national average. More people are living with a complex range of physical and mental health needs, and the range of needs requiring effective care and support is getting bigger. Of course, people living longer is a positive, but living longer in poor health does not support good long-term outcomes. We want people to remain healthy and independent for longer and work to prevent poor health and reduced independence needs to start much earlier.

OVER THE LAST 5 YEARS THERE HAS BEEN A 33% INCREASE IN THE DEMAND FOR DOMICILIARY CARE (CARE GIVEN AT HOME) IN OUR AREA, WITH THE ANNUAL COST GOING UP FROM £12M TO £18M.

Finding the right people to work with

Workforce challenges have affected all sectors of the economy. Since COVID we have seen the workforce reduce considerably across health and social care. This may be due to several reasons such as challenging working environments and more attractive pay offers in other sectors are creating vacancies and therefore costly agency

Where possible we need to prevent long-term illness by working with people and providing interventions earlier, but of course this requires additional resource and capacity, and we already have a budget under huge pressure from meeting the care and support needs of those who need it today.

staff bills to rise. Regularly filling staffing gaps with more expensive agency staff is an issue faced by many councils. Not only does this further impact budgets but we know regularly changing staff teams significantly reduces continuity of care for the people we support.

MORE JOBS EXIST IN SOCIAL CARE THAN IN THE NHS, BUT IN 2022/23 THERE WERE OVER 152,000 JOB VACANCIES ACROSS THE UK, 10% OF THE TOTAL JOBS.²



Positively, pay in the social care sector has increased and is improving. However, the funding needed to afford these increases creates another financial strain.

IN THE LAST FOUR YEARS THE SOCIAL CARE WAGE BILL HAS INCREASED BY 25% IN THE UK.³

In the next 12 years we'll need an additional 440,000 people working in care across the UK. That means we need to recruit nearly 37,000 additional people into the sector each year. This is before we consider those who may leave the sector or retire.

Alongside recruitment and retention, we need to make sure our workers are the best they can be, and our work with The Skills Academy (a joint project between St Helens Borough Council, local hospitals, larger NHS bodies, housing providers and other councils) is starting to make an impact on who we employ and how we train them.



²Source: Skills for Care, cited in Adult social care workforce in England, House of Commons Library Research Briefing.

³Source: Skills for Care, cited in Adult social care workforce in England, House of Commons Library Research Briefing.

Joining up Help for Your Health and Care

A law called the Health and Care Act 2022 has formalized new ways of working for Health and Social Care Organisations and led to the creation of Integrated Care Systems (or ICSs).

ICSs ARE PARTNERSHIPS THAT BRING TOGETHER NHS ORGANISATIONS, LOCAL AUTHORITIES, AND OTHERS TO TAKE RESPONSIBILITY FOR PLANNING SERVICES, IMPROVING HEALTH AND REDUCING INEQUALITIES ACROSS GEOGRAPHICAL AREAS.

The work that ICSs are leading means better connection and planning across public services and closer relationships between the NHS, Council, Adult Social Care Services and other organisations, working better together to try and improve resident's experiences of services as well as their health and wellbeing.

Our council works with its local partners as part of Cheshire and Merseyside Health and Care Partnership. In fact, we work in partnership

Assessing Ourselves by People's Outcomes

As a council we're measured on lots of different targets and outcomes that show how we are doing against regional and national averages. One of these is called the Adult Social Care Outcomes Framework (or ASCOF). This framework shows us how well our care and support services are doing against other areas in the country. Our most recent reports tell a positive story with many indicators showing we are doing better than averages both in the North West and across England.

The important outcomes, known as the ASCOF domains, that we continue to focus on are:

- Maximising people's quality of life through the support and services which they access.

towards something called an 'integrated care plan', ensuring health and social care services meet the needs of communities now and into the future. This Strategy is shaping a way of working that means planning delivery of health and social care services is done 'under one roof'. After all, health and care and support needs, often go hand in hand. So, it makes sense that our ways of working do too.

- Enabling people to maintain or regain their independence.
- Empowering people through access to good quality information and advice.
- Making sure people have access to care and support that is safe, and which is appropriate to their needs.
- Enabling people to maintain and where appropriate regain their connections to their own home, family, and community.
- Continuity and quality of care, where people receive quality care, underpinned by a sustainable and high-quality care market and appropriately qualified and trained staff.



HOW DOES ST HELENS COMPARE WITH THE REST OF THE NORTHWEST AND THE REST OF ENGLAND?

AT THE END OF 2022/23:



94.3%

of people with a learning disability live in their own home or with family, the 3rd highest in the North West and 7th highest in England



7.1%

of people with a learning disability are in employment - that's the 4th highest in the North West



97.4%

of people are directing their own support - 13% higher than the North West average



Satisfaction

with services was higher in St Helens than the North West and English averages

PART WAY THROUGH 2023/24:



Admissions to residential and nursing homes are the 8th lowest in the North West



The number of people aged over 65 in permanent residential care, we were the 7th lowest



The number of informal carers receiving support was the highest in the North West



80.3% of people are using community-based services the 3rd highest in the North West

Where Do We Want To Get To?

Sometimes called the vision, this strategy is all about where we want to be in three years' time. It's what the world will look like when we've achieved everything we want to. The place we'll be in when we've ticked off everything in this plan.

HEALTHIER, HAPPIER LIVES

We get to know the people we support, knowing what matters to them and building strong relationships with them, their families and other professionals around them. We listen readily, act fairly, communicate actively and think creatively - doing our best to make sure the people we support are happy with their experiences and are empowered to live healthier, happier lives.

"I WANT A FOCUS ON HAPPINESS, NOT JUST NEED"

HOW DO WE GET THERE?



RELATIONSHIPS BETWEEN ADULT SOCIAL CARE SERVICES AND INDIVIDUALS WILL FEEL STRONG AND IMPORTANT



WE WILL WORK TOGETHER TO EMPOWER YOU TO MAKE YOUR OWN DECISIONS ABOUT YOUR CARE AND SUPPORT



WE WILL CO-PRODUCE ASSESSMENTS AND CARE PLANS, SO YOU ARE IN CONTROL OF DECISIONS MADE AROUND YOUR CARE AND SUPPORT



WE WILL CONTINUE TO BE CREATIVE AND AMBITIOUS FOR THE FUTURE



WE WILL ENSURE INFORMATION WILL BE EASIER TO ACCESS AND UNDERSTAND



EVERYDAY EXPERIENCES WILL FEEL FAIR AND RIGHT FOR YOU



WE WILL ENSURE STAFF ARE WELL INFORMED AND THERE IS CONSISTENCY OF PRACTICE THROUGH OUR PRACTICE MODEL. THIS WILL ENSURE THAT IF THERE ARE ANY CHANGES IN STAFF THE ASSESSMENT EXPERIENCE REMAINS THE SAME EXPERIENCE



We have written six pledges, six key areas of work that together will help us to reach our vision. They're big, they're ambitious and they'll require hard work, but if we get this right, we'll build a leading adult social care offer that local people can feel proud of.

OUR PLEDGES:

RELATIONSHIPS BETWEEN ADULT SOCIAL CARE SERVICES AND INDIVIDUALS WILL FEEL STRONG AND IMPORTANT.

Real connections and lasting relationships with the people around you are key for a happier life. We'll support you to make the absolute most of these. We'll also make sure our ways of working recognise the importance of building connections, whether that's with your close ones, wider community or the organisations working with you.

"I'D LIKE THE COUNCIL TO BE MORE VISIBLE."

- We will become more visible in your neighbourhood. In fact, you'll get to know people at every level of our team. They'll spend time with you listening, learning about your life, and experiencing your 'everyday' themselves.
- We will support you to build strong relationships with your core team, making sure you have a named keyworker who truly knows you.
- We will effectively support and invest in the local workforce to reduce the need for agency staffing and the experience of regular changes in care and support staff.

WHAT COULD THIS LOOK LIKE?

Joan always rings her keyworker, Jan, directly if she needs support. She's got her mobile number, and she knows what days Jan works. They get on really well and Jan's been by her side since she started receiving care at home three years ago.

"KEEP MY STAFF THE SAME."

- We will create positive, two-way relationships with organisations that provide care on our behalf, ensuring we feel like one big team.

"I WANT TO BUILD A RELATIONSHIP WITH PEOPLE, PEOPLE WHO KNOW MY PROBLEMS."

- We will push forward initiatives that promote independence, strong communities, great relationships and creative approaches.

WHAT COULD THIS LOOK LIKE?

When Sami met Barry, she was his next-door neighbour. Sami supported Barry with all sorts of things, and he always wished she'd take some money for helping out. Sami was looking for care work, but just couldn't find the right job, when the personal assistant's model launched in St Helens, Sami signed up and now supports Barry every weekday morning.

"PASSING INFORMATION BETWEEN SERVICES IS IMPORTANT, I VALUE MY TIME, SO I DON'T HAVE TO GO OVER THE SAME STUFF."

- We will join-up with our colleagues in the NHS, developing local, place-based teams in the area you live, offering you shared packages of support.

WHAT COULD THIS LOOK LIKE?

Agata's an Occupational Therapist and she used to work all over St Helens supporting people with their mobility. Now she's part of a local team working in Parr made up of Social Care, NHS staff and local charities and community organisations.

- We will work closely with the people who are most important to you, including your family, friends, and advocates - working together to ensure your voice is heard, your support is effective, and your choices and values shape the care and support you receive.

"TRUST THE PEOPLE WHO KNOW ME BEST".

WE WILL WORK TOGETHER TO EMPOWER YOU TO MAKE YOUR OWN DECISIONS ABOUT YOUR CARE AND SUPPORT.

Every day the council makes decisions that affect people's lives and it's important that we support residents: 1) to make their own decisions about their care and support, and 2) to tell them honestly and transparently how we reach decisions about their care and support. Doing this well will allow residents to build trust in what we do, understanding that we've listened to them, prioritised giving them choice and control and been clear about why we have made a particular decision.

- We will focus our processes and use informed and creative approaches to effectively support you to make decisions about your care and support, including where you may experience difficulty making decisions or where you make decisions we or other people may think are 'unwise'. We'll also include other people who can support you to make decisions about your care and support.
- We will ground our decision making in a fresh and continual approach to listening, offering the chance for feedback at the end of any interaction and regularly throughout the delivery and review of care and support. We'll listen to your views and decide together where we need to do more work.
- We will combine the latest data, feedback, and shared experiences to steer our planning, service design and decision making, taking a particular focus on inequalities and how we can do things differently to reduce them.

WHAT COULD THIS LOOK LIKE?

Chris in the care planning team uses data from lots of different systems to understand where needs are changing and what the council needs to change to make things work better. Once he's got his stats together, he spends time with local people talking about his thinking and getting their ideas.

WE WILL CO-PRODUCE ASSESSMENTS AND CARE PLANS, SO YOU ARE IN CONTROL OF DECISIONS MADE AROUND YOUR CARE AND SUPPORT.

- We will share the thinking behind the decisions we make and how they might impact you. We'll always explain the work we've done and the reasons for any changes.
- We will be transparent about decisions and give you the means to challenge them if you do not agree with them

"WE NEED TRANSPARENCY ON THINGS LIKE REJECTED ASSESSMENTS AND WHY WE DON'T MEET THE CRITERIA, SO WE CAN UNDERSTAND DECISION-MAKING AND FEEL LIKE EQUAL PARTNERS."

- We will decide who we work with to deliver care by the things that matter to you. Whether that's the personalities of teams, the quality of facilities or feedback from other supported people, we'll write these measures into our contracts with external care organisations.

"THE COUNCIL ARE PAYING THESE CARE HOMES; THEY'RE MAKING PROFITS, SO WE NEED TO BE SURE THE QUALITY IS GOOD."

WHAT COULD THIS LOOK LIKE?

Jane gets asked for feedback on her care package every six months (or anytime there is an unexpected change). This gives her the chance to share what is and isn't working, if she raises anything that's a cause for concern, she gets a call from the team to understand more and address the issues.

- We will use data and feedback to understand more when things haven't gone to plan, understanding what went wrong, planning a route through, and preventing the same situation occurring again.
- We will make sure your satisfaction with services is our most important performance metric, driving our own reporting within the council, how we prioritise the work we focus on and who we choose to work with in the future.

WHAT COULD THIS LOOK LIKE?

Ken finds it really easy to understand who to contact using our simple contact system's central phone number and clear webpage.

WE WILL ENSURE INFORMATION WILL BE EASIER TO ACCESS AND UNDERSTAND.

There's lots of information we need to share with the people we work with, whether that's residents, professionals, or partner organisations. We want to make sure finding that information and working out what it means feels simple and, if something doesn't make sense or you have any further questions, we will make it easier for you to talk to us.

"WE NEED BETTER SIGNPOSTING IT FEELS A BIT LIKE A MAZE."

"THERE ARE LOTS OF DIFFERENT NUMBERS, SOME OF WHICH YOU DON'T GET A REPLY FROM."

"HOW DO YOU GO ABOUT GETTING HELP? WHAT'S AVAILABLE? HOW DO YOU ACCESS IT?"

"I DON'T FEEL I'M KEPT WELL INFORMED ON PROCESS CHANGE REQUIREMENTS."

- We will make it simpler to find the information you (and the people around you) need. This might include details on your existing health and care plans, overviews of council ways of working or places to find the right service when you need it.

WHAT COULD THIS LOOK LIKE?

Printed and online information explain how things work in the adult social care department including who's who, what's available across your wider community and what others think of it. It gives Grace the option to see questions and answers from others and if when she's still unsure on something, ask questions of her own.

"SYSTEMS AND PROCESSES CAN FEEL ANTIQUATED."

- We will join up your care records, always making sure your information is safe and ensuring you only have to tell your story once.

WHAT COULD THIS LOOK LIKE?

Jackie's a social worker and she uses record systems that talk to one another - these now act as a central hub for information about you, so she knows what's happening before she arrives at someone's front door.

- We will make ourselves easy to talk to, measuring our success by 'your satisfaction with our interaction'. Every contact with our team will be useful - finding the answers to your questions, offering understanding and reassurance and most importantly, making you feel like you matter.

WHAT COULD THIS LOOK LIKE?

At the end of every meeting or call, we'll get in touch to check how you are your feeling and whether there is anything else you need. You'll also get the chance to rate our support and share any ideas to improve things.

"IT NEEDS TO BE EASIER WHEN YOU NEED HELP."

"SOMETIMES, PEOPLE CAN PASS THE BUCK."

- We will share the details of community events, activities, and organisations across St Helens in an accessible way, helping you to connect with others and get out and about - from specialist activities focused on specific needs to free festivals for everyone.

"IT'S HARD TO FIND OUT WHAT'S GOING ON LOCALLY."

- We will ensure information sharing is delivered as a two-way process, offering you the chance to have a conversation with one of our team to support you to make the right decision for you.

"MAKE SURE PEOPLE ARE WELL INFORMED AND GOOD COMMUNICATION"

- We will develop 'approved lists' for models such as Home Care and Personal Assistants. We'll do the background checks, and offer support when you need it, giving you the freedom to choose the provider that's right for you.

WE WILL CONTINUE TO BE CREATIVE AND AMBITIOUS FOR THE FUTURE.

Taking a new approach to how we support you needs some more creative thinking, particularly within the budget challenges we face. Therefore, we want to think differently about how we can support you to meet your needs, going beyond the more recognised and regularly used forms of care and support.

“I DON'T KNOW WHAT'S OUT THERE”.

- We will take an open-minded and imaginative approach when deciding on spend on local services. We'll invest in keeping people as well as possible and supporting them to live in their own homes, promoting less-formal models of care and expanding our work with the amazing community programmes and support that's already available.

WHAT COULD THIS LOOK LIKE?

Working as a volunteer with a local gardening group has given Wendy the chance to find a new group of friends, a new hobby and with it a happier and more settled mind.

“THE NEXT GENERATION IS MUCH MORE TECH SAVVY. THEY WANT TO BE ABLE TO BOOK ONLINE AND USE TECH TO ACCESS SERVICES.”

- We will help you, the people who matter to you and our delivery partners to learn more about the potential uses of technology. We will explore, and support others to discover how devices and digital tools can be used, not to replace human contact but to help our care staff to make a bigger impact and help you to remain as independent as possible.

WHAT COULD THIS LOOK LIKE?

Jen uses her new home monitoring system to check her mum's OK and gets to bed safely. It doesn't impact mum's privacy, but it does reassure Jen that she's safe and well.

- We will share the power through our approach to contracting, raising the profile of Direct Payments and increasing flexibility in our partner contracts (supporting providers to be more creative in how they meet your needs).
- We will spot conditions which impact independence earlier, e.g. memory impairment, mobility issues or mental health challenges and help to promote local services that keep people well for longer.
- We will work with our property teams to think imaginatively about housing and building based support, including designing for people with physical disabilities, increasing extra care availability, new models of residential care, building based day support and step-up and step-down supported tenancies for those with mental health challenges.
- We will support local people providing unpaid care to look after themselves, by offering short breaks that give them a chance to take a holiday (and the person they support too).

WHAT COULD THIS LOOK LIKE?

Tony uses Shared Lives Short Breaks to try new things and give his mum a few days to herself. He's been to his first rugby match and he's getting a taste for it.

WHAT IS EXTRA CARE?

This model of care allows people to keep the privacy of their own accommodation whilst living as part of a small community, a place where they can keep their own front door, yet access shared activities close to home. Each person is supported to stay safe by a team working across the place they live, whether that is a block of flats or a small group of houses.

WE WILL ENSURE STAFF ARE WELL INFORMED AND THERE IS CONSISTENCY OF PRACTICE THROUGH THE PRACTICE MODEL. THIS WILL ENSURE THAT IF THERE ARE ANY CHANGES IN STAFF THE ASSESSMENT EXPERIENCE REMAINS THE SAME.

The people working for the council and working for care providers on our behalf are a key part of the puzzle - getting the right people on board, in the right roles with the right development support is vital to make things work. We always need to check in with the people to ensure that team members feel suited to the job, earning the trust we give them.

“I WANT PEOPLE WHO ARE CHATTY AND FRIENDLY, PEOPLE LIKE ME”.

“PROFESSIONAL CURIOSITY”

“CALM”

“POSITIVE”

“THEY NEED TO MAKE A GOOD CUP OF TEA”

“KNOWLEDGEABLE”

- We will create a Recruitment and Team Development Programme that takes a solid focus on personal values, behaviours and ways of working. We will ask you to help us to decide

how we identify and retain ‘your kind of people’ and ask you to be involved in the recruitment process.

WHAT COULD THIS LOOK LIKE?

Ryan is helping our team to design the person specifications to go with our job adverts. They’re helping make sure we get the right people on our teams. Next week they’ll be the one asking the questions on our interview panel.

- We will develop a Team Wellbeing Commitment for St Helens staff and our wider partners, ensuring our leaders promote self-care and work-life balance, encouraging our teams to look after themselves, so they are well enough to look after you.
- We will ask for annual feedback about the team members working with you, helping them to hear how they’re doing from the people who matter.

WHAT COULD THIS LOOK LIKE?

Balvinder was glad to share her thoughts on her new social worker - she wanted to make sure her boss knows she’s doing a good job and to nominate her for an award.

“SOME WORKERS ARE GREAT, BUT NOT ALWAYS, IT CAN BE INCONSISTENT.”

- We will make sure we have the right team members in the right roles, dependent on their skillset, experience, and the feedback you have given us.

“EVERYONE NEEDS TO WORK TOGETHER.”

- We will ensure we have a strong supply of staff to meet the needs of the people in our community, working alongside partner organisations to plug job and skills gaps and plan for the workforce of the future.
- We will work with other organisations to share responsibilities, trusting them to support us in delivering high-quality work such as assessments and reviews and helping improve the pace and continuity of support for you.

WHAT COULD THIS LOOK LIKE?

Nanci’s care workers dress her wounds now, she does everything through one visit, so she doesn’t have to keep answering the door and changing her plans.

EVERYDAY EXPERIENCES WILL FEEL FAIR AND RIGHT FOR YOU.

Every person should feel like they get a good deal from our council, wherever they come from, whatever they need support with. We'll work hard to ensure anyone at a disadvantage is supported to have the same opportunities as everyone else.

"I DON'T WANT TOO MUCH SUPPORT."

- We will ensure everyone has equal access to care, support and information, whatever their lifestyle, background or needs.
- We will continue to assess how fair our (and our partners') services, systems and processes are and we'll work hard to fix anything that isn't right.
- We will work with you to measure accessibility amongst local businesses and community partners, asking you to flag where we need to focus to drive it up.

WHAT COULD THIS LOOK LIKE?

John's got the St Helens accessibility kitemark for his taxi company and he's very proud of it. He's made sure he's got a mix of vehicles with wheelchairs, hearing loops and a driver who speaks sign language.

"DISABILITY AWARENESS IS SO IMPORTANT."

- We will raise awareness around inequality in everyday life such as disability, health conditions, age, race and poverty, supporting people to be open-minded and proactive in finding and doing more.
- We will offer additional support to those who could feel left behind, increasing and improving support to those with needs that can often create limitations (e.g. mental health, dementia, or informal care roles).

WHAT COULD THIS LOOK LIKE?

Al's a full-time carer for her husband who has dementia and things are busy, so she's really happy the carer's centre have booked them both in for a health check next week.

"COMMUNICATION IS INDIVIDUAL, YOU NEED TO KNOW WHAT'S BEST FOR DIFFERENT PEOPLE."

- We will always communicate with you in a way that works for you, recording these preferences within your plans so we always meet them.

WHAT COULD THIS LOOK LIKE?

Joan hates being sent letters as her limited eyesight makes it difficult to see. Instead, when something needs to be shared, she gets a verbal update from one of the team.



CHANGING OUR APPROACH

Our Vision to transform our Adult Social Care Services is ambitious but it's vital we take these steps to improve the care our residents receive. We hope our Vision acts as the cornerstone of this transformation. Alongside our Vision we have changed our approach to delivering services and we must implement new models of working which will help us achieve our pledges. These include our new St Helens Practice Model (ABC) which looks to change our social workers and professionals' approach to interactions, assessments and interventions with

individuals; our Occupational Therapy Model of Practice which looks to ensure our occupational therapists take a holistic approach, that considers individual's unique needs, abilities and context; and our Reablement Model of Practice which looks to ensure individuals can regain their skills and confidence after a period of illness or hospitalisation, meaning they can live well, independently.

Below is a summary of how the model will work and what they will aim to achieve.

ST HELENS PRACTICE MODEL

The St Helens Practice Model is underpinned by three key priority areas. The Model is informed by Trauma Informed Practice, takes a Strength Based Approach to assessment and is to be based within localities. We call this the Alternatives Balance and Connections Model (ABC).

TRAUMA-INFORMED

- People will feel safe.
- We will do what we say we will do.
- We will listen.
- We will work alongside people.
- Support people to make decisions.

STRENGTH BASED

- Person centred.
- Identify what the person considers a 'good life'.
- Look at what people can do for themselves.
- Work with informal networks to achieve this.
- Solution focussed.
- Positive approach to risk.
- Safeguarding.

LOCALITIES

- Based in localities.
- Care communities.
- Early intervention/health promotion.
- Working in partnership.
- Devolved decision making/budgets.
- Transitional/system safeguarding.



TRAUMA INFORMED PRACTICE

Trauma-informed Practice aims to increase practitioners' awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with health and care services and their staff. It aims to improve the accessibility and quality of services by creating culturally sensitive, safe services that people trust and want to use. It seeks to prepare practitioners to work in collaboration and partnership with people and empower them to make choices about their health and wellbeing.

STRENGTH BASED PRACTICE

Strength Based Practice is about focusing on individual's strengths rather than their needs or what they cannot do. The focus is on building a picture of what a good life looks like for that individual and connecting individuals to people and community assets within localities, growing and mobilising community networks within localities.

A Strength-Based Approach enhances health, wellbeing and resilience for individuals. It has the potential to reduce long term pressures on higher cost health, care and support services by enabling people to participate in and benefit from community resources and activities. This will lead to better outcomes for our residents and a better experience for staff.

LOCALITY WORKING

The Vision is to truly work together in a multi-disciplinary way to deliver the right personalised care/ support for a whole of person approach (not just treating the symptom), ensuring a seamless journey through healthcare and social support services in the Borough. St Helens Borough Council will build care communities embedded in localities to improve interdepartmental and inter agency collaboration.

ASSESSMENT DELIVERY MODEL - ABC DISCUSSIONS - ALTERNATIVES, BALANCE, CONNECTIONS

A - ALTERNATIVES

- What *alternatives* are available to the individual to remain independent?

B - BALANCE

- How do we create *balance* for a person in crisis?
- What needs to be implemented urgently?

C - CONNECTION

- How do we foster *connection* to the community to build a good life?

The St. Helens Practice Model is brought together by the ABC Discussions Assessment Delivery Model. This Model encourages discussions about alternatives, balance and connection.

Practitioners will use their knowledge of Trauma Informed Practice, to help build an individual's strengths, embedded in their localities, seeking out community alternatives, helping individuals achieve balance in their lives and connection to their community.

Assessment discussions can be typified as one of the above. Either a discussion about:

ALTERNATIVES

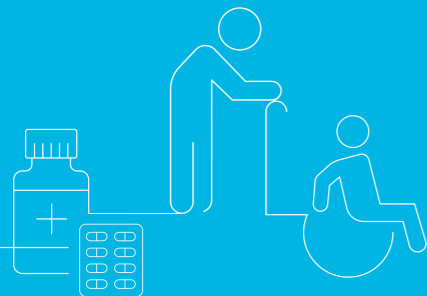
This discussion happens typically on referral and is a prevention discussion.

BALANCE

This is a discussion about enabling a person in crisis.

CONNECTION

This is a discussion about connecting individuals to longer term support.



**OCCUPATIONAL THERAPY – PERSON, ENVIRONMENT, OCCUPATIONAL,
PERFORMANCE (PEOP) MODEL**

The person-environment-occupation fit is the idea that the person, environment and occupation interact regularly over time and space, where congruence can increase or decrease (Law et al., 1996). The better the fit or compatibility between the person, environment, and occupation, then the greater the occupational performance (Law et al., 1996). People interact with their environment 24/7 and the place where people spend most of their time is home. Home is described as where the heart is, it is a safe place where people want to be. The PEOP model of practice is central to how Occupational Therapy enables people to continue to live safe, active, and enriching lives in their home.

The PEOP Model uses a biopsychosocial approach, which takes into account the emotional, physical, and social factors that may influence a person's occupational performance. This is the heart of occupational therapy, where practitioners consider the entire person during intervention instead of just their deficit areas.

Occupational Therapist will increase their awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with health and care services and their staff. Assessments and interventions will encompass safety, trustworthiness, collaboration, choice, cultural consideration, and empowerment. Through a strength based functional assessment there will be a focus on early intervention and prevention by empowering, enabling and

supporting people to remain in their own homes.

This can be a useful Model for determining what are the best solutions for a person within their own home in terms of equipment and adaptation provision in order for them to achieve activities of daily living such as bathing, cooking, self-care, hobbies and maintaining wellbeing.

Each component of the PEOP model is important to understand the impact that the environment, occupation, and performance all have on an individual.

By considering each component of the PEOP model, occupational therapists can work collaboratively with patients and clients to identify barriers and facilitators to engagement in meaningful occupations, develop interventions to improve performance, and evaluate progress towards achieving goals.



REABLEMENT - HOME FIRST MODEL

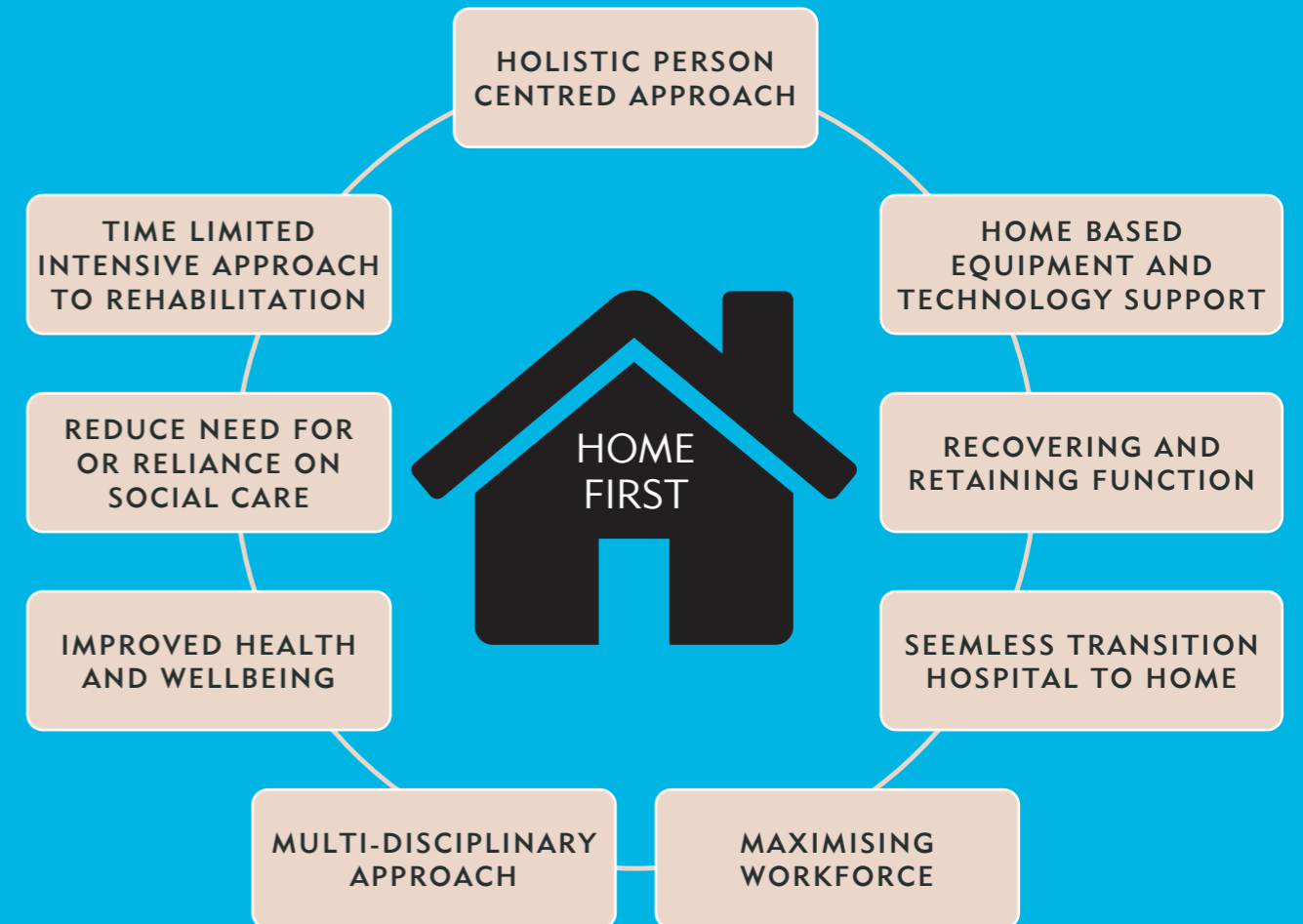
The reablement model of practice is an approach that emphasizes supporting people to regain their skills and confidence after a period of illness or hospitalisation. Unlike traditional home care, which tends to be a “doing for” model, reablement follows a “doing with” approach. Here are the key points about reablement:

- **Purpose:** Reablement aims to maximize independence by removing environmental barriers and helping individuals regain practical skills and confidence.
- **Service Delivery:** Reablement services are usually provided in the person’s own home by a team of mainly social care professionals. The focus is on enabling people to manage daily tasks again after an illness.
- **Collaboration:** Reablement involves working closely with individuals, their families, friends, or carers. Conversations centre around the person’s goals and the necessary support to achieve those goals, based on the “what matters to you?” approach.
- **Timeliness:** The new community rehabilitation model aims to increase capacity and access to high-quality therapy-led rehabilitation assessments and interventions. It ensures timely, safe, and person-centred care for people discharged from acute settings and virtual wards.

- **Maximizing Workforce:** The model maximizes the use of therapy and Intermediate Care Support Workers based on expertise and skills required at different points in the rehabilitation pathway. It encourages multi-disciplinary, multi-agency collaboration and draws on existing good practices.

In summary, reablement focuses on empowering individuals to regain independence and confidence, promoting wellness, and enabling them to perform everyday tasks for themselves.

St Helens Reablement Services will facilitate a Home First Model of Practice where service users leaving hospital will be enabled to return to their own homes whilst receiving rehabilitation and practical support.



MORE INFORMATION AND SUPPORT

To access services and find out more information
about our social care services please visit:

www.sthelens.gov.uk/socialcare



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