social care
institute for excellence

North East Lincolnshire (NEL) Social Work Practice

End-point feedback report by the University of Bristol

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Key learning points: How social work practice has developed at NEL Social Work Practice

1. Supervision

The supervision model at the North East Lincolnshire (NEL) Social Work Practice (SWP) pilot was developed and driven by the staff and aims to suit SWP needs. All staff were consulted as the model was developed, and staff were able to comment on drafts along the way. In developing the model, staff were asked to consider the actual standards to which they should be held and to establish a 'required' set of standards. These standards were related to the job description. Supervision is seen as an ongoing process rather than as something that occurs for two hours a month (as in the previous local authority model). It happens formally, one-to-one, in groups, and informally, on nearly a daily basis. Supervision is described as a blank canvas where the supervisee and supervisor decide together where to place the supervision focus. There is an expectation that every other supervision session will include a joint service user visit. The supervision model was implemented in April 2012 and will be reviewed. The model is seen as a shift away from directive/authoritative supervision.

2. Inclusiveness of/communication with staff

The SWP has run a series of focus groups with staff members to explore the key issues from their point of view. The initial six focus groups revealed six to eight key themes that staff would like to see addressed. After the focus groups, the leadership team held a communication event where Geoff Lake (the Director) addressed the current position and state of the SWP in relation to the key themes. Six groups were run to bring the focus of the main themes down to two specific areas: (1) relinquishing the roles and responsibilities of the professional to the individual service user* and giving the communities more power and control; and (2) agile and mobile working in terms of adapting the working style, with hot desking and mobile phones as well as practical issues of what professionals need to conduct their work. How does the SWP make the cultural shift from sharing a designated office space to more agile and mobile working? These are the current two themes to be addressed and worked through and the other issues identified in the main focus groups will be picked up at a later date. There will be another communication event in October to address: (1) how NEL has moved on in terms of the two main themes of focus; (2) progress made; and (3) to identify the next

issues of focus. The leadership team has demonstrated how it picked up and ran with what it was asked (by staff) to do.

3. Integrated care record: System 1

There is a new integrated care record system that went live in the middle of September 2012. There was a staff event that addressed where staff were currently getting 'clogged up' with work and the IT system was identified as taking up the majority of staff time in terms of inputting and accessing information. The SWP aimed to free up staff time instead of them having to sit in front of the computer, where staff were spending 70% of their time. A new IT package was sourced, System 1, which allows health and social workers to input information and the information to be seen by ALL professionals involved with a service user. This is a more holistic approach to working with the service user For example, a GP can access the case manager's notes on the system and the case manager can access the GP's notes. The GP can go through the screen with the service user and see what has been happening. This should prevent unnecessary referrals as the GP can see that social services is already involved – leading to less inappropriate referrals. The service user needs to provide consent to share information, to specify who can have access to the information and what type of information. The service user is asked for consent when first calling into adult social work (A3).

The public were informed of this new change by letters sent out to all people who use services, home care providers and community groups as well as publicity in the local paper and on the radio. Individuals were also invited to call into A3 with any questions. The message was to inform the public that they could give consent to have access and to share information.

System 1 has also been set up to serve as predictive planning by using the data to predict future demands. With an additional IT system (ContrOoc), invoices are now entered into a portal (as opposed to mailing invoices), which is an additional time- and money-saving source. The whole system will be paperless.

4. Community access/involvement

A3 is working on a design for a newly acquired building that will serve as a base for the community. This is a centrally located building for community access and the design will ensure flexibility of use. The building will be the main SWP hub with some A3 staff working there. The staff and people who use services were asked for their opinions and suggestions on the use of the building. These included: (1) general information and advice; (2) support to use the Services4me database (www.services4.me.uk); and (3) other organisations having access to meet the needs of the community residents, such as legal advice, accountancy advice, dementia support days and DWP/welfare advice. In addition to the centralised building, A3 ensures a presence within the community – it currently has a table in the main reception area of the hospital where it provides information and advice (staffed a few times a week) as well as a stall at Freeman Street Market (staffed every two to three weeks). This ensures that A3 is out in the public domain and accessible.

People who use services and carers are also part of the steering group. There is currently a working group of carers who are looking at individual budgets for carers and will take this issue back to the steering group. All issues go through the steering group. Most implementations are piloted, evaluated and reviewed by the steering group, which allows for more transparency.

NEL has developed a co-production type of model where the community is involved in shaping the SWP. A member of ACCORD (Adults and Children's Services Coordination) sits on the advisory group and is involved with community engagement around SWP issues, such as marketing and branding.

The purpose of community involvement was to establish a 'rounded view of the world and not just your/our view of the world'. This acknowledges that the community has a lot to give – especially in terms of developing a SWP. Therefore, instead of allowing the business model to take over, NEL engages with the community to gain a proportional sample on some issues instead of just one, or one business organisation's, point of view. 'Let's come up with solutions that are practical and work.' The SWP would like to keep in mind the question:

> *"What difference is this going to make to the service users and what will the public say? What is the evidence?"*

This approach also acknowledges that the staff members are part of the community (or a community) and have knowledge and skills and talents (outside of their normal job role) to give. What other skills can the staff team give to invest in the SWP? This highlights the debate of 'where the professional role ends and my community role begins.'

5. A3

A3 is the single point of access for community members in regard to health and social care. It acts as a gatekeeper and aims to resolve low-level need straightaway. The staff are trained in solution-focused practice and aim to identify strengths and resources of both the individual calling and his/her community. If issues cannot be resolved, or the individual is of higher need, they are referred to either the reablement service or to the complex care management (CCM) teams for longer-term support. The CCM teams are comprised of care practitioners (CPs) and advanced care practitioners (ACPs) (social workers and nurses) who work on the more complex cases. Because of A3, the CPs/ACPs believe that they are able to work longer with the people who use services because those with lower-level needs never reach the CCM teams. The practitioners used to work with people who use services with all levels of needs, but A3 is able to resolve most needs. A3 is the initial service; reablement is the focused, time-limited service that aims to engage the person in the community and acts as a preventative source, thus hoping to eliminate or prolong the need for the CCM teams, which deal with the most complex cases. The tiered system allows for some issues, such as isolation and loneliness, to be addressed and to prevent future care needs.

6. More time with people who use services/time to eliminate a person-centred approach

The SWP's structures and values have allowed for more flexible and creative working. This doesn't mean that this *couldn't* have happened in the local authority, but due to caseloads, budget constraints, time lags in accessing services and overstretched social workers, this *wasn't* being done. The structure of A3, which deals with low-level need immediately, has reduced the number of cases that come to the CPs/ACPs. This then allows them to develop stronger relationships with the people who use services who they will be involved with more long term. The CPs/ACPs are 'getting involved with the person – getting to know the person'. This allows for more time in assessing people who use services, listening to them express their needs AND wishes, and helping them to tailor a package of care/services that best meets their needs and wishes. They are able to encourage people who use services to be more flexible with their IBs.

The following case example illustrates this type of practice.

Keeping in touch

Mrs X is 85 years old and lives alone. She has macular degeneration, has difficulty with her hearing and wears a hearing aid and has spinal cyanosis. Due to having spinal cyanosis, she has to keep her back straight at all times and suffers with a lot of pain. She also has a frozen left shoulder, arthritis in her knees and quite severe gout. Her mobility is poor and she has suffered a number of falls.

I became involved with Mrs X following her contact with social care for an assessment for day care services, as she felt she was becoming very isolated and depressed.

On visiting Mrs X, she initially asked me to arrange day care for her as she felt very isolated living on her own, and was feeling quite low in mood. I talked with her about her interests and family relationships and what was important to her. During this discussion, Mrs X told me how she had always been at the helm of her family, and how she used to write letters, make telephone calls and kept in touch several times a week. She was the person who managed to keep her family together and in touch with each other. Her sons, daughters and grandchildren previously visited regularly.

However, over the years her family had moved to various locations. All of her children live overseas or away from her. Grandchildren had also moved to live in different parts of the country. She explained how due to her sight difficulties she was now unable to write letters unless someone helped her and she felt this impacted on what she could freely write, and felt it an imposition, as her letters were personal to her. She was unable to telephone as often as she used to due to the cost of the telephone bills and found it difficult to hold the telephone. Mrs X used to have a computer that was very outdated, had broken and was irreparable.

It became very clear as our conversation progressed that the main need for Mrs X was to regain the contact she had with her family and to be able to regularly speak with them and keep them all in touch with each other; it was not to attend the day centre as she had first requested. What Mrs X would really like was a modern computer specially designed for her visual impairment, but she did not have the money to purchase this.

Because as practitioners we were able to be creative and think outside the box, I completed the assessment with Mrs X, made enquiries as to the cost of a computer designed for someone who was visually impaired and made a request for a one-off direct payment to enable her to purchase the computer.

This request was approved and Mrs X chose her computer, which had a web cam and large screen. She cancelled her request for the day centre. I have since reviewed the care delivered and Mrs X informed me she is the happiest she has been in months. She showed me pictures of grandchildren and family members sent via email. She has now subscribed to Skype and talks to family free of charge. She is once again the matriarch of the family, and back in the position that meant so much to her and what she felt she had lost. She tells me she never has enough time in the day now to chat with everyone!!!!

The structure of the SWP is also aimed at improving services for people who use services and allowing social workers more time with them. There has been a change (from the Care Trust Plus to the SWP) where the finance team is not a separate department, but will actually have a physical presence within each of the CCM teams. This will enable one financial visiting officer who does financial assessments and direct payments will follow one person's journey. This person will be able to build a rapport with the service user and the visiting officer will be able to look more closely at whether a service user is paying their bills (prevents people who use services from getting into debt). It is anticipated that this process will build better relationships where the service user will be more comfortable in discussing his/her confidential financial information. Business support is also located within each team, taking on roles that are beyond typing and administration, such as more quality checks and auditing. This new structure should free up time spent with people who use services by enabling the financial team, business team and CP/ACP team to work together to tackle issues. Also, the collaboration of different professionals could allow for more creativity and innovation in terms of what is being done differently, as they can feed off of one another.

7. Marketing/branding

NEL has decided on a name and branding for the SWP. This process was initiated with a staff focus group where there was a discussion about what type of practice NEL would like to be. What did NEL want to achieve and what did it want the public to know about NEL? From this, a consultant designed a name with four variations on the colours and straplines. There was then a consultation process where the staff and community members were asked for their preference and why.

How are the values of social enterprise being evidenced at NEL Social Work Practice?

The following list was compiled through communication with the staff at NEL SWP.

1. Through ethical investment and trading.
2. Value of staff – inclusive approach and encouraging and allowing staff to set the direction at all levels of decision-making.
3. NEL residents involved – active community involvement.
4. Acknowledging the principles that everyone has rights and is a citizen of NEL, which leads into the values of choice, empowerment and control.
5. Open and transparent with staff, people who use services and communities.
6. Collective ownership from staff. Staff members pull together as one organisation and move as one organisation.

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