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**Lincolnshire Conversation and Needs Assessment**

This document is for Adult Care and Community Wellbeing only.

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KEY POINTS

* Always ensure people are as prepared as they can be for their assessment.
* All care and support needs should be evident in assessments irrespective of whether they are eligible needs.
* Assessments should always explore how the person might address need through the assets and opportunities in their networks and communities.
* Assessments should state how needs not being met impacts on the person’s wellbeing.
* Impact on the person’s wellbeing should be reflected when making eligibility determinations.

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# **The Lincolnshire Conversation**

The Lincolnshire Conversation process has been developed to support our strength based approach to assessments for people new to Adult Care. The ‘Conversation’ should be based on what ‘people want to tell us’ rather than us having a list of questions to ask them. Sections 1 and 2 of the Care Act and chapters 1 and 2 in the Care and Support Statutory Guidance describe the duties of councils to promote wellbeing and to reduce, prevent, or delay any needs arising, including delaying a person’s need for funded social care.

Key elements of the Care Act require that we:

‘[…] take into account the person’s own capabilities, and the potential for improving their skills as well as the role of any support from family, friends or others than could help them to achieve what they wish for from day-to-day life’.

It combines your professional judgement, knowledge and skills with the views expressed by people with care and support issues. The process will continue to safeguard vulnerable people and to ensure that carers needs are identified and explored further.

We should always consider whether a full needs assessment is needed or whether people’s outcomes can be met through a conversation (proportionate assessment). This would involve looking at where the person’s own strengths and capabilities, and any support available from their wider support network or within the community can help them to continue to live independently and to maintain their quality of life.

Conversations are a critical intervention in their own right. Every conversation is an opportunity to support individuals to recognise their own strengths and enable them to make a choice that improves outcomes and maximises independence. Strengths Based Conversations are not about refusing to provide support to those who really need it – but it is about ensuring that a range of options have been explored where possible.

The approach includes a new way to record conversations and provide a record of this for people that details the advice given and any actions agreed (proportionate assessment). The process allows us to follow up with people and find out how they are doing in relation to the information and advice given and to be able to refer people on for a more in-depth needs assessment if required.

Principles include:

* supporting people to recognise their own strengths so that they can be active members of their communities and have ownership of their health and care;
* empowering people to be confident in making choices about their own care, taking control of their health needs and being part of their community.
* shifting the focus from individual issues and problems, to the person as a whole and their strengths.;
* focusing on what they want to achieve, to meet their needs in a way that’s right for them, and help them get the most from life.

More information about the approach and the process can be found in the [Lincolnshire Conversation Practitioner](https://trixcms.antser.com/api/assets/lincolnshireadults/f5394466-a9ce-4936-9e3a-3b4790c4258f/lincolnshire-initial-conversation-practitioner-guide-v2.docx)[Guide,](https://www.lascappp.co.uk/wp-content/uploads/2021/03/Lincolnshire-Initial-Conversation-Practitioner-Guide-v2.docx) available in the [Local Resource Library](https://lincolnshireadults.proceduresonline.antser.com/resources/local-resource-library) under Assessments.

The Occupational Therapy Conversation Process is available to OT Teams via the OT Service folder on the LCC G Drive.

# **Lincolnshire’s Adult Needs Assessment / Specialist OT Assessment**

Lincolnshire’s needs assessment tool reflects the Care and Support Statutory Guidance to ensure that people and practitioners can work through the key steps of the assessment process as simply as possible culminating in an eligibility determination.

The stages are:

* exploring and understanding the person, their situation, their strengths and the networks around them prompted by the guidance windows at each section of the assessment;
* identifying needs for care and support – ‘raw need’ irrespective of who/how they may be alleviated; this is done by stating whether there are needs in relation to the sections of the assessment that need to be addressed in the person’s plan;
* identifying and evaluating risks – considering capacity and how the person wants to address risk;
* making an eligibility threshold determination;
* determining which needs are eligible for support;
* determining an indicative personal budget using the Resource Allocation System (not applicable to OT).

Assessments should be proportionate. Assessors should be guided by the person and their professional judgements in deciding which elements of the assessment need the most attention.

# **Let’s Start with You**

The Adult Care assessment builds from a free text section intended to capture a summary pen picture of the person and their current situation. It prompts people being assessed to:

Tell us about you – what you do, what you’ve done, what are your strengths and accomplishments, what’s important to you now and before? What are you keen to keep doing or get back, what do you want to change? Where do we fit in? How can we help?

This section is important to set the scene and tone of the assessment going forward to ensure that the discussions that follow in exploring the person’s situation are grounded in an understanding of what is important and what matters to the person.

The next part of the assessment is divided into nine sections:

* My family, friends and support networks;
* Communicating and expressing my wishes;
* Mobility and getting around my environment;
* Personal care;
* Eating and drinking;
* Running my home;
* Participating in my community;
* Maintaining my health and wellbeing;
* Living safely and taking risks.

Each section includes a free text box to capture the conversation in relation to the areas of the person.

These boxes should reflect what is working well for the person, where they have strengths both in their own abilities or aspirations and where they have networks of support that do or could potentially help. We should also record how any difficulties impact on the person’s wellbeing. Any conversations which start to identify what outcome the person wants to achieve may also be captured here.

NB The person’s outcomes will be recorded more fully in the care and support planning process and covered in the Care and Support Planning guidance

# **Guidance Windows**

The assessment uses free text boxes and tries to minimise prescriptive questioning to support a more conversational approach and enable practitioners to make judgements about what they need to record to remain proportionate.

The assessment includes guidance windows throughout indicated by a question mark icon.  Opening these windows provides additional guidance to practitioners which may prompt discussion. They also include additional prompts / headings which may be copied and pasted in to free text boxes where assessors feel elements of the assessment would benefit from them.

# **Prisma 7 Frailty Screening Tool**

The Maintaining my health and wellbeing section of the assessment includes the Prisma 7 Frailty screening tool as an optional element.  PRISMA 7 is an internationally recognised basic screening tool to identify people likely to be categorised as frail and that would benefit from a full frailty assessment, undertaken by either the person’s primary care or Neighbourhood working team.

A person hitting three or more of the triggers should be referred to their primary care team using the [Lincolnshire Frailty Pathway Letter](https://trixcms.antser.com/api/assets/lincolnshireadults/9135abb3-0b00-4bc0-8c08-4cd83a66e3c4/lincolnshire-frailty-pathway-letter.docx).

Click on the link to find out more information about the [Lincolnshire Frailty Pathway](https://www.lincolnshirecommunityhealthservices.nhs.uk/our-services/frailty-pathway), including resources and a practice toolkit.

# **Identifying Needs**

Each section of the assessment has a simple tick box to select whether the person has care and support needs in relation to that area.  By selecting ‘yes’ Mosaic pulls the section heading through to build the person’s statement of needs.  For example a person could have identified needs in relation to:

* mobility and getting around their environment;
* personal care;
* participating in their community.

# **Identifying and evaluating risks**

The Living safely and taking risks section of the assessment is to ensure that risks identified in the assessment are clearly considered and evaluated and effective measures are in place to address them (see [Risk Assessment](https://lincolnshireadults.proceduresonline.antser.com/chapter/risk-assessment) chapter). It remains an integral part of our assessment process that we can robustly evidence any issues of risk or concerns of harm within the assessment, and respond appropriately and proportionately.