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Improving Adult Care Together

UKRI Economic and Social Research Council

The Health Foundation

“Good support isn’t just about ‘services’ – it’s about having a life.”

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Thank You to Our Sponsor

UK Centre for Implementing Evidence in Adult Social Care

Karen Watchman

UK Facilitator Delivery Lead

Sarah McLaughlin

Strategic Improvement Coach - Northern Ireland

Esme Foxworthy-Bowers

Facilitator - Scotland

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About us

- A **£15 million UK centre** funded by the **ESRC** and the **Health Foundation**

- Led by Professor Jon Glasby, with a **Leadership Team** of 13 other academic, policy and practice partners (including people who draw on care and support, and carers), and a **broader consortium** of key stakeholders from across the sector and across the four nations of the UK

- We work **across England, Wales, Scotland and Northern Ireland** to make sure our work is embedded in and sensitive to very different policy contexts, as well as sharing learning across the whole of the UK

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Objectives

- Support more **widespread use of evidence** – with a broad and inclusive understanding of evidence
- Build **capacity and skills** in the adult social care workforce to improve care outcomes
- Facilitate **sustainable and productive relationships** between stakeholders to co-create change and innovations
- Improve our **understanding of what helps and hinders** effective implementation in practice

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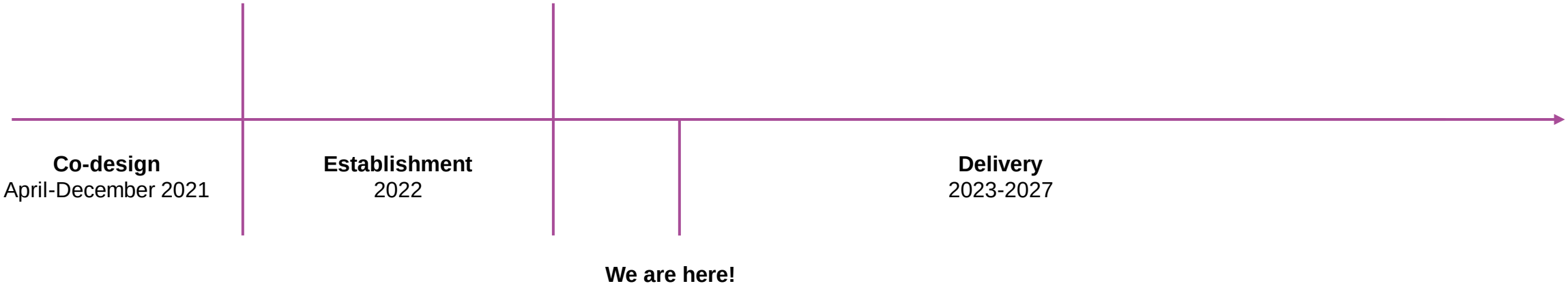
Phases of development



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Delivery models

Facilitators	Demonstrators	Networks	Ask IMPACT
Individual change agents/knowledge brokers, placed within local organisations to **enable collaborative working**	Major strategic issues/long-term projects using coaches (incl. with lived experience) to **facilitate local change, support evaluation and apply learning in other contexts**	Bringing local people together to work on **practical solutions to common/everyday issues**, sharing learning with other groups working on the same issue (a network of networks)	Collating common queries/challenges/ dilemmas, and **producing accessible evidence**/guides in response, building a trusted repository of evidence over time

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	2022-23 pilots	2023-24 projects
Demonstrators	• **Asset-based approaches for older people – Mid and East Antrim, Northern Ireland**	• Creating integrated health and social care community teams – across the four nations • Improving the health and well-being of PAs in Scotland – across Scotland • Co-producing better ways to manage and respond to wait lists – East Midlands
Networks	• Choice/control in supported living – across the four nations • Values-based recruitment – across the four nations	• People with learning disabilities/autistic people leaving long-stay hospitals • Wellbeing of care workers • Hospital discharge • Rural social care • Changing how people get in touch with social care in the first place • Relationships between care homes and their residents/communities
Facilitators	• **Use of technology in home care – Glasgow** • Personalisation for BAME communities – Leicester • Supporting carers of people with dementia at end of life – Ebbw Vale	• Recruiting more men into social care work – London • Helping older people to plan for older age/preventative home visits – Northern Ireland • Tackling loneliness in rural areas – Moray • Community-based approaches to preventing people being admitted to mental health hospitals in a crisis – South Wales
Ask IMPACT	Recruitment and retention, learnings from Covid, hospital discharge	

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Facilitator model - overview

- Baillieston Community Care (care at home)
- Theory of change (local small change project)
- What were we trying to do?
- Knowledge broker role
- Literature review
- Perspectives of staff and older people who used the service
- Perspectives of stakeholders

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Parallel Project: The Care Technologist Project (Scottish Care)

- TEC-funded project which began as a Scottish Care collaboration with Glasgow School of Art 'Future of Care' thought project.
- First Test of Change was a 6-month pilot in Aberdeen. Second phase was a 12-month trial across three locations and both care at home and care homes.
- This was delivered in parallel to the IMPACT Scottish Facilitator, and acted as a demonstration of technology implementation in practice. Both projects informed one another.

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Perspectives of people who use the service

Glitches or occasional things that go wrong are frustrating and considerations for avoiding these would be preferred.

The benefits of having guidance on use and a dedicated person to install and carry out the installation process was emphasised

Technology such as voice-activated commands allows devices to be fully turned off rather than on standby, saving money but also perceived to decrease the risk of falls or injury for those with mobility issues

The ability to control own space and maintain some level of independence was empowering

Monitoring devices, particularly ones that are on-person and invasive, are seen as undesirable.

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Active involvement in own care

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What did staff survey results tell us? (1)

- Most supported use of technology in a person's home, especially for those with learning disabilities and/or mobility-affecting conditions – with devices such as voice-activated devices and safety devices.
- Preference for technology intended for the person receiving care and the staff, rather than indirect exposure like digital skills training.
- Staff are, on average, still uncertain about technology replacing jobs, similar uncertainty about capacity for training.
- Some areas may contribute to what hinders the implementation of technology for front-line staff, and represent areas to develop.

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What did staff survey results tell us? (2)

- A divide between staff in areas such as aversion to technology or worries about technology replacing hours – there is a full range of responses, from fully agree to fully disagree.
- Slight discord between what we are hearing from staff and what we are hearing from people accessing care about the types of technology each believes would be appropriate, for example on-person location monitoring. However, using a person-centred approach may allow a more unified idea of solutions.
- It needs to be clearly communicated that a new way of working is complementary, not taking away from the person's expertise.

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The wider landscape of technology implementation:
What we heard from outreach to stakeholders

Again, we heard more about the importance of effective communication and information sharing, for practices and ongoing developments. Concerns of being 'out of the loop'.

There were concerns of a reductionist approach from authorities: i.e., removal of finances or provisions due to technological solutions, as heavy scrutiny of unit costs at present were reported.

It was reported that many small care organisations do not use technology because they do not have enough capacity to do so.

National/Systemic

Organisational

Regulations and policy are still acclimatising with the rate of technology use and trial in many areas, however, there are currently no technology standards or practice guidelines in place.

Inconsistency between assessment procedures hinders implementation of technology nationally.

Representation of the independent sector and third sector were considered important, particularly in a strategic context, for change to occur. That way, these organisations are actively able to feedback what is and isn't working.

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There were many good examples of technology making a difference to individuals accessing care – opportunities to share practice and methods to promote this might improve the success of technology.

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What are the next steps?

Recommending a database for social care technology literature to be made. This would allow updating, monitoring, and assessment of the current climate to model policy around. Deciding what organisation or place would be best suited for this will be the next progression.

Explore whether the presentation of technology options to people accessing care has an impact on their decisions: is the way in which people find out about telecare or technology to benefit them helpful? Do these methods of showing people their options adequately fit in with their care? Are different options accessible to people if they change their mind or change a choice?

Explore whether a Care Technologist approach can help put technology 'on the radar' for staff, or if a different approach may be a better way to gradually integrate technology into care at home.

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Overview of Demonstrators

- Focus on an issue of strategic importance in adult social care (for local area and across the UK)
- Project is co-produced with local stakeholders, including people with lived experience and practitioners
- Partnership approach with contribution of resources from IMPACT and from local stakeholders
- Draws on range of evidence (research, practice & lived experience) to understand the issue and how it could be addressed
- Undertaking of a local evaluation based on theory of change which will also provide data for the evaluation of IMPACT as a whole
- Wide sharing of learning on the strategic issue and process of using evidence to regional, national and UK decision makers and audiences

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IMPACTAgewell® Locality Hubs

Target Audience
Those most at risk/ vulnerable due to isolation & loneliness co morbidity & polypharmacy

Referral Criteria (All Partners Can Refer)
60 years & over
Living alone or with another person aged 60 years & over
1 long term health condition including Frailty

2017 – 6 HUBS 391 REFERRALS

2023 – 22 HUBS 2545 REFERRALS

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Resources

IMPACT	LOCAL PARTNERS
2 x 0.5 WTE Strategic Improvement Coaches	Time and costs of local stakeholders and participants
Access to wider IMPACT team and resources	Publishing of communication and educational materials
Support from national Demonstrators lead	Meeting venues and refreshments
£10k participation and improvement budget	Participation and improvement costs above £10k

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Role of Strategic Coaches

Theory of Change: work with local stakeholders to understand context, opportunities to improve, change activities, and what the outcomes would be

Understanding the evidence: identify insights from research, practice and lived experience

Co-production: facilitate co-design and co-delivery of the project with people with lived experience and practitioners

Change initiatives: to lead on aspects of the change process in collaboration with local stakeholders

Evaluation: to support local stakeholders in understanding the process and impacts of the change

Learning: to identify local learning and implications for local and national stakeholders

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Role of Steering Groups

ROLE	LOCAL PARTNERS
Strategic oversight	Meet regularly
Professional, lived and community perspective	Attend reflection events
Challenge & strengthen	Be honest & respectful
Connect with wider networks	Share insights from self / networks

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Questions explored….

- What has motivated partners to engage with IMPACTAgewell®?
- What has made it difficult for other stakeholders to engage or remain involved?
- Are all the elements of IMPACTAgewell® necessary for it to work successfully?
- What has practically helped, and what has hindered, IMPACTAgewell® becoming embedded in the local system?
- Does it matter if IMPACTAgewell® is co-ordinated by a community organisation?
- What should be done differently if IMPACTAgewell® was introduced in another area?

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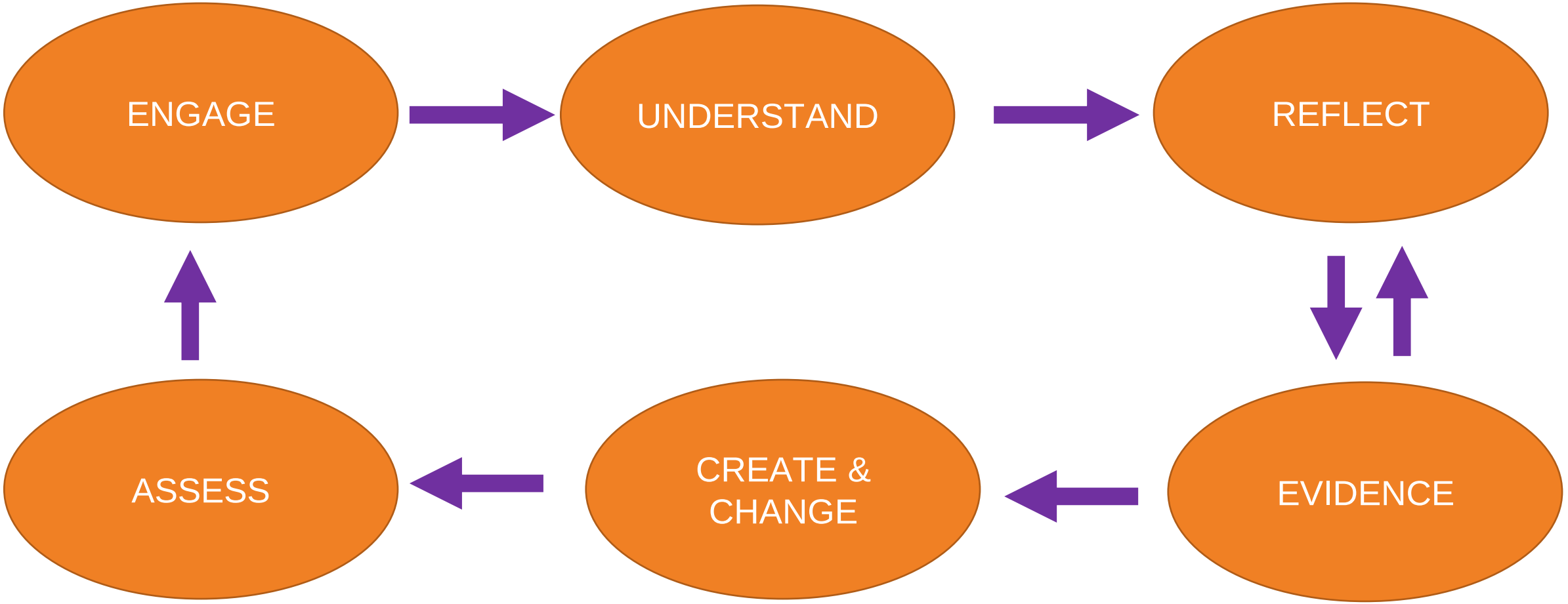

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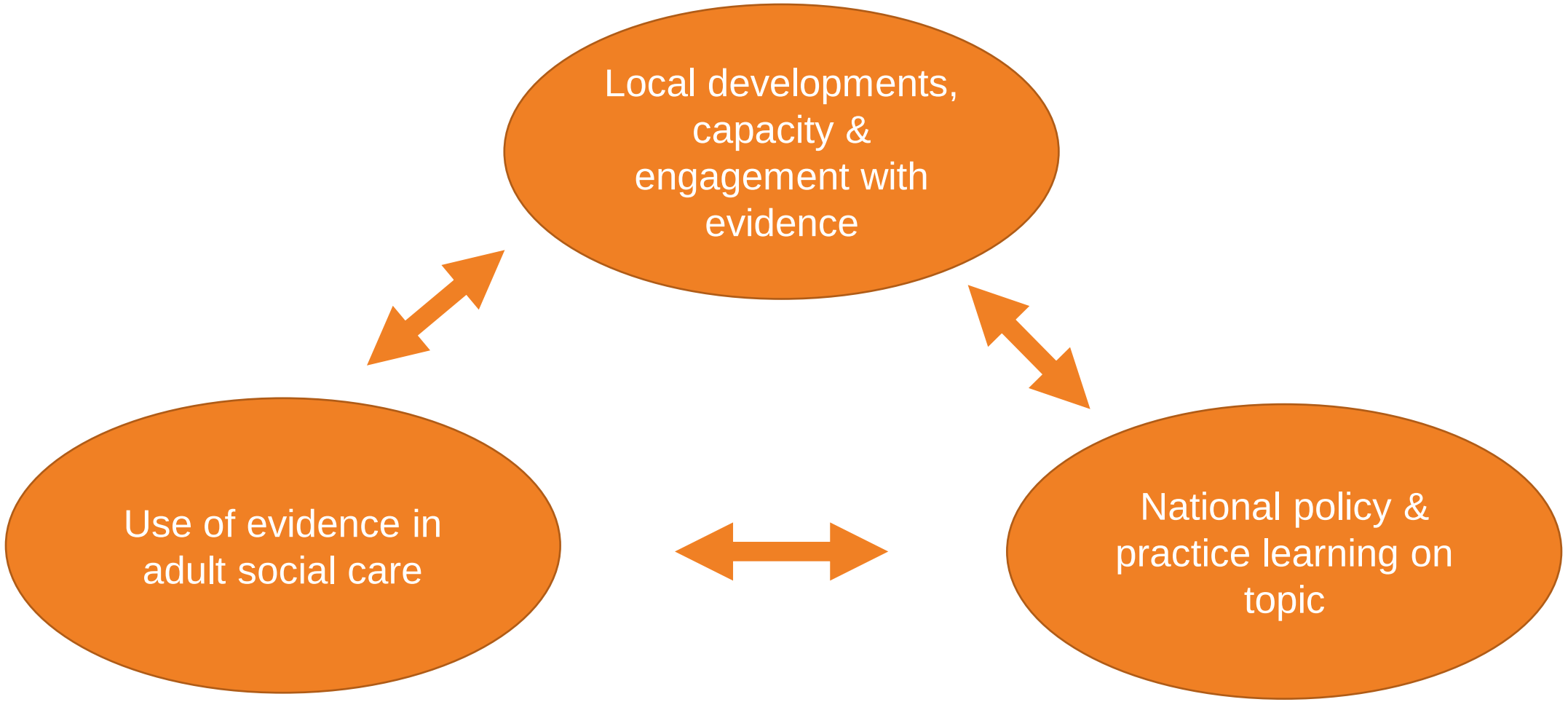
Legacy



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Discussion

IMPACT defines evidence as lived experience, practice knowledge and research evidence. In our presentations today we have talked about examples of two-way gathering and sharing evidence from a range of perspectives.

Please share your own anonymised experiences of where working with evidence has been successful in supporting older people and potential barriers.

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Find out more about our projects, people and progress:

https://more.bham.ac.uk/impact/

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