



Lincus Mobile Assessment Tool:
Key Learning from the Test and Learn Pilot



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Liverpool Waves of Hope is predicated around understanding how different ways of delivering services can result in better and more sustainable outcomes for individuals. In addition to the core delivery activities within the programme, a number of smaller scale Test and Learn Pilots have been commissioned which explore innovation in relation to multiple needs. The aim is that learning from these pilots will inform future decision making in related policy and commissioning. This paper outlines the key lessons that have emerged from the implementation of a mobile assessment tool (Lincus) within the programme.

Key messages:

- a)** Lincus is a bespoke evaluation/case management mobile assessment tool, which was commissioned by Liverpool Waves of Hope to be applied across the whole programme. It captures real time progression for individuals – focused around wellbeing - together with measuring soft outcomes, which are often not considered through traditional outcome frameworks. Lincus is an app which is used through tablet/android devices, where frontline workers are able to complete quantitative surveys on a regular basis with individuals, to measure different aspects of wellbeing.
- b)** The most important message for policymakers is that pilot clearly demonstrated and reinforced the difficulties of introducing new innovations into established care systems at scale. In particular, the limited usage of Lincus was the key barrier to demonstrating its impact. There was uneven buy-in across the delivery partners for a range of reasons.
- c)** For this reason it was difficult to illustrate the outcomes that have been achieved throughout the course of the pilot. However, the outcome information that was provided does showcase the potential of Lincus.
- d)** There are a number of key learning outcomes which have emerged. These are focused around the need to formally integrate such technology into contracts; identifying barriers to the usage of new technologies and innovation and acting on them at an early stage; understanding that implementing such a tool requires intensive support for providers; and that perhaps most importantly, Lincus is clearly central to the broader debate around how success is effectively measured and which then informs how services are commissioned.
- e)** The potential of a mobile assessment tool is considerable and could be transformative. Further piloting of Lincus would be beneficial within statutory services, where it is clearly built into contract specifications. Once properly integrated into service delivery and where the implementation is effectively planned and applied, then there is high potential for a measureable positive impact on the physical, mental and emotional health outcomes of people with multiple needs.

1. Background

The original business plan for Liverpool Waves of Hope submitted to Big Lottery contained within it a commitment to commission a mobile assessment tool to support the development of a soft outcomes reporting framework for people with multiple needs in the city. The Partnership commissioned Rescon Technologies to implement its Lincus tool across the Waves of Hope programme. Lincus is a software tool for recording and monitoring health and wellbeing information for individuals and groups. It enables the recording and visualisation of individuals' data, to store details of all significant events in their lives and any interventions that are performed to help them, and to capture perception of their wellbeing with respect to different areas of interest.

This development was perceived as particularly innovative as it is a shift away from traditional outcome frameworks which do not always sufficiently capture the progress being made by service users (i.e. the wide range of short and long term outcomes they can achieve) and, on their own, may not be suitable for people with multiple needs. It also allows real time understanding of an individual's wellbeing, meaning that trends and patterns can be detected over time which allows for more effective case management and interventions.

Lincus had previously been piloted at Liverpool YMCA in 2013, to improve their method of capturing information about mental health, physical health, alcohol and substance abuse, risk of offending, housing and homelessness issues. This pilot was deemed a success,¹ and therefore provided the evidence base for further implementation in the Liverpool Waves of Hope programme. It was introduced in July 2016 and ran until December 2017.

2. How Lincus works

The Lincus app was developed within the programme so it could be accessed by frontline workers and service users. Through the use of tablets/android devices, the software could be used in any location. Frontline workers would be able to complete quantitative surveys on a regular basis with individuals, to measure different aspects of wellbeing. The surveys incorporated physical, mental and social health factors, along with events, all of which had been systematically selected through peer reviewed research for their impact on health based outcomes.

The Lincus app was highly accessible and easy to use. The tool was developed and adapted in close collaboration with services and with feedback from service users through regular engagement. As the pilot progressed, further additions were provided by Rescon. For instance, keyworkers would also be able to record their own observations of the wellbeing of individuals, which was particularly useful when service users would not engage with the survey at certain points. This all added to the potential depth and richness of the information being recorded.

Lincus was introduced incrementally, with a limited number of service users initially introduced to the tool, prior to expanding use of the tool to be accessible to all individuals.

¹ National Institute for Health and Care Excellence [Lincus Trial, Liverpool YMCA](#)

3. Usage of Lincus

In the original trial with YMCA in 2013, there was 100% uptake by staff and service users. However, this was not replicated in the Waves of Hope Test and Learn Pilot, with uneven buy-in and usage from delivery partners being the most significant barrier to determining the impact of Lincus. This was for a number of reasons:

- Existing workload and reporting burden including double data entry on existing systems and Lincus;
- Reported lack of access to the technology from some partners;
- Disparity in attendance to training, workshops and meetings;
- Lack of engagement with software support services;
- Perception of low utility of the tool by some service partners;
- Inconsistent consent with service users and resistance to usage by some service users.

The overarching conclusion from these barriers is that without robustly incorporating activities and initiatives such as Lincus within contracts or Service Level Agreements, there is always the risk that buy-in will be sporadic. This is not a trend that would be expected to be confined to this programme; rather it would be likely to be replicated with delivery providers across a range of settings because organisations that are used to working in a certain way are often resistant to change.

The barriers do also raise the question of how Lincus and its benefits, was communicated to partners. There were numerous workshops and training sessions held, but a lesson from the pilot may be that from the outset of any venture, there needs to be a clear communications plan in place which:

- Fully and coherently outlines the objectives, benefits/added value for both the service users and the organisations involved;
- Demonstrates the commitment in resources and time that will be required throughout the delivery period, but importantly illustrating how it can become part of mainstream activity within organisations which in long run, increases efficiency, efficacy and effectiveness;
- Ensures effective communications at all levels at appropriate times throughout the project.

4. Outcomes achieved

Because of the barriers to usage highlighted above, it has been difficult to determine meaningful trends from the information that was collected during the course of the pilot. However, from the data that was provided, tentative observations could be made. The reported wellbeing of service users within Waves of Hope was in general slightly higher than that of other cohorts where Lincus is used, which includes people with learning disabilities and those with long term conditions. The reported wellbeing of service users also increased throughout the trial period. It was also reported, through a range of informal discussions, that both service users and delivery providers could see the benefit of using the tool.

There were a few cases that were presented to Rescon by the delivery providers that outlined both the utility of the tool and some of the barriers faced in practice. The following case study was chosen due to its complexity and that the individual was with the service for several months before using Lincus. Personal details have been changed to preserve anonymity.

Case study - Julie

Julie was a 34 year old female who was in the same supported accommodation for several months before using Lincus, and in other supported accommodation services in the years prior to that. She had a history of cardiorespiratory, neural disease, and was a long-term opiate user. Julie had depression and anxiety disorders, was on multiple medications and had no formal offending history.

Julie started using Lincus in October 2016 and benefited from the visual feedback of how her physical and mental health deteriorated after payday when she had been using opiates. Over three months of reflection she made changes to address this. She decreased her opiate use as the feedback from Lincus demonstrated the impact this had on her physical health. Julie had also been to seek medical advice and had subsequently been prescribed methadone which she used to control her addiction.

Julie's support worker found Lincus very useful and felt it was used most effectively through occasional self-report directed by Julie, with the observed report on other days as part of standard care recording. Like other support workers, they found double entry of some information into the Mainstay system and Lincus inefficient, and somewhat frustrating. However, they were willing to use Lincus due to the positive outcomes on service users they had witnessed.

Although the actual outcome data has been limited for this pilot, the above demonstrates the potential of fully utilising a mobile assessment tool such as Lincus. Firstly, it allows commissioners, delivery providers and service users to track their overall wellbeing and visualise their improvements over time; secondly, it clearly acts as an important tool for reflection and understanding behavioural trends that impact upon wellbeing, which importantly can then be acted upon quickly to deliver better outcomes.

5. Key learning

The Lincus Test and Learn Pilot clearly demonstrated and reinforced the difficulties of introducing new innovations into established care systems at scale. Though there were multiple induction, training and shared learning meetings and workshops, the uptake and use of Lincus in day to day services was slow and remained extremely limited in some services. The resistance to usage by service users themselves is also a considerable barrier to be overcome, and this partly reflects the difficulties amongst some of the cohort to self-reflect on a broader basis, which is critical to pathway progression. There are a number of key learning outcomes which have emerged:

- a) **The use of new tools such as this could be increased by making it a requirement of service delivery.** Usage requirements could be integrated into service contracts, with effective evaluation practices being a prerequisite for outcome based payments. Without this it will be difficult to achieve meaningful buy in.
- b) **It is critically important to identify barriers to usage of new technologies and innovation in services at an early stage,** and to quickly implement methods to overcome them. This strategy supported the co-development and adaptation of the tool both technically and through trialling different methods of use. However, even following this, usage was uneven, linking to the above point around implementation not being mandatory.
- c) **The potential of Lincus remains significant.** Although the evidence of outcomes was relatively limited, it is clear that mobile assessment tools can have a significant impact on both supporting inclusive evaluation and the development of practices which can influence more effective service delivery.
- d) **Successfully embedding a mobile assessment tool requires intensive initial support.** The pilot has demonstrated that implementation, and the barriers faced, is unique to each service. This means working with different services in order to address specific issues that ensure the ongoing development and deployment of the tool. There also needs an effective communications plan as highlighted in section 3. If piloted elsewhere, this needs to be accounted for by commissioners; it is not necessarily a straightforward process, even if embedded within a contract, as it is after all a significant shift in how services evolve and are evaluated.
- e) **Lincus is central to the debate around how success is measured.** The evidence within Liverpool Waves of Hope and Fulfilling Lives programmes across the country, suggests that the current ways in which success is measured for people with multiple needs, does not sufficiently support their progression and development. Only through systemically understanding the softer outcomes of individuals and their behavioural patterns, can we put robust plans of support in place – Lincus is a key tool in achieving this. Inflexible outcomes frameworks often have the wrong criteria for measuring success and frequently begin from the wrong starting point. This results in reinforcing the challenges within current systems.
- f) **There is a need to effectively embed capacity to support project management of such initiatives.** Ipsos MORI, the evaluator for Liverpool Waves of Hope, suggested that LINCUS would have been better served if an individual had taken the 'lead' in terms of project management of the pilot. This resource was not in place within the programme team, and a key learning point here is that there has been disconnect between the expectation of implementing this (and other) Test and Learn Pilots, and the limited resource available to support the management and coordination of it.

6. Policy implications

The evidence from this Test and Learn Pilot has, to a degree, been inconclusive. In order for mobile assessment tools/Lincus to be embedded within services more broadly, more demonstrable verification of its success within a multiple needs environment is required.

However, the potential is clearly considerable and could be transformative. This is both in terms of developing the important soft outcomes that will challenge prevailing perceptions of what success 'looks like' for individuals, and in ensuring a highly effective case management tool which supports reflective practice and a transformative approach to addressing the needs of people in a timely manner, that in turn results in better cooperation and collaboration across services.

Therefore the key message emerging from this work is that further piloting of Lincus would be beneficial within statutory services, where it is clearly built into contract specifications. Once properly integrated into service delivery and where the implementation is effectively planned and applied, then there is high potential for a measureable positive impact on the physical, mental and emotional health outcomes of people with multiple needs.