

3 Conversations in Adult Social Care

February 2023

Using the 3 Conversations approach we will:

- Work on the basis of building good relationships.
- Listen hard to what really matters to people.
- Have meaningful conversations with people and their families based on what they want to talk to us about.
- Bring more humanity, curiosity and kindness to our work.
- Learn how to record our work proportionately.
- Significantly cut bureaucracy.

Our New Approach

1 Conversation 1 : Listen & Connect

Listen hard. Understand what really matters. Connect to resources and supports that help someone get on with their chosen life, independently.



2 Conversation 2 : Work intensively with people in crisis

What needs to change urgently to help someone regain control of their life? Put these into an emergency plan and, with colleagues, stick like glue to help make the most important things happen.



3 Conversation 3 : Build a good life

For some people, support in building a good life will be required.

What does 'a good life' look like? What resources, connections and support will enable the person to live that chosen life? How do these need to be organized?



Rules of the 3 Conversations Approach

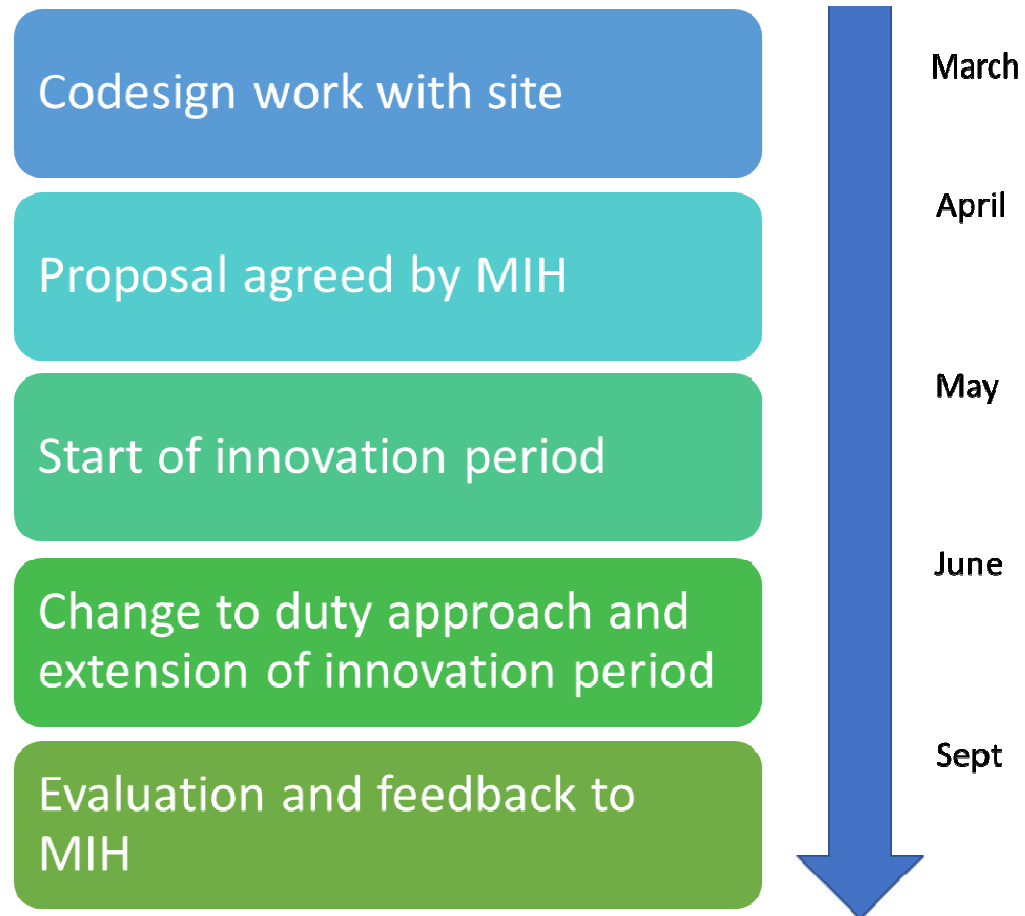
- Stop 'assessing people for services'.
- Always start conversation with the assets and strengths of people, families and communities.
- Always exhaust conversations 1 and 2 before having conversation 3 and test this out with colleagues.
- Never plan long term in a crisis.
- Stick to people like glue during conversation 2 – there is nothing more important than supporting someone to regain control of their life.
 - No hand-offs or transfers, no referrals, no triage or screening, no allocation, no waiting lists.
- We are not the experts – people and families are.
- Know about the neighbourhoods and communities that people and their families are living in.
- Always work collaboratively with other members of the health and social care and wider support system.

How Are We Going to Make The Change?

We will create Innovation Sites where:

- We will work really differently using the 3 Conversations approach.
- We will respond to people quickly, listen hard, and understand what matters.
- Innovation sites will last for 13 weeks.
- They are co-designed with the innovators who step forward to work in them.
- We will lift some work out of our current system and liberate you to work as you have wanted to – using the Three Conversations rules.
- We will collect evidence every day about what the impact of this way of working really is for people and their families, for staff and for our resources.

Innovation Site 1 Timeline



The Cohort Agreed

- We cover 1.5 days of the existing weekly duty rota, initially all day Monday and Tuesday mornings.
- Any contact received about people who are already being worked with by colleagues outside of the innovation site will be sent on to them (as happens now). If that worker is not available and the matter is urgent we will respond using a Conversation 2 initially and use a huddle to decide what happens when the person's assigned worker returns.
- Any contact about people who do not have an assigned worker will be picked up and responded to using the 3 Conversations approach. This will mean working with that person using the 3C approach from that point onwards on our non-duty days.

The Intended Innovation

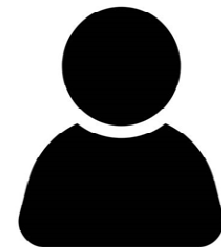
- Making better use of funds by making more use of community connections in conversations 1 & 2
- Making it easier for the people we work with to access the support they would find helpful.
- Making it easier for us to support people without unnecessarily complicated processes and paperwork – eg not completing additional forms or sending workflow outside of the site if we need approval for spending.
- Quicker links to colleagues where we need their support (eg finances)
- Explore the use of different conversations to help manage our work and to feel less rushed.
- Feel less pressured to complete work in accordance with predetermined timescales – being proportionate and making it more about the person.
- Simpler paperwork, and less of it, so we can spend more quality time doing '**real social work**'
- Help teams feel more supported and to hear a bit of laughter around the offices once more.
- Be able to start work with people sooner and remain involved as long as needed.
- Making sure people have more of a say in any plans to support them.

How many people have we worked with?

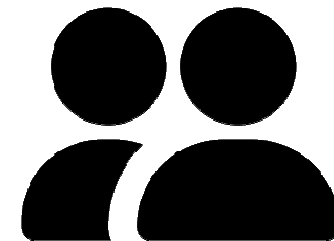
Number of people up to 17/09/2023



Starting conversations

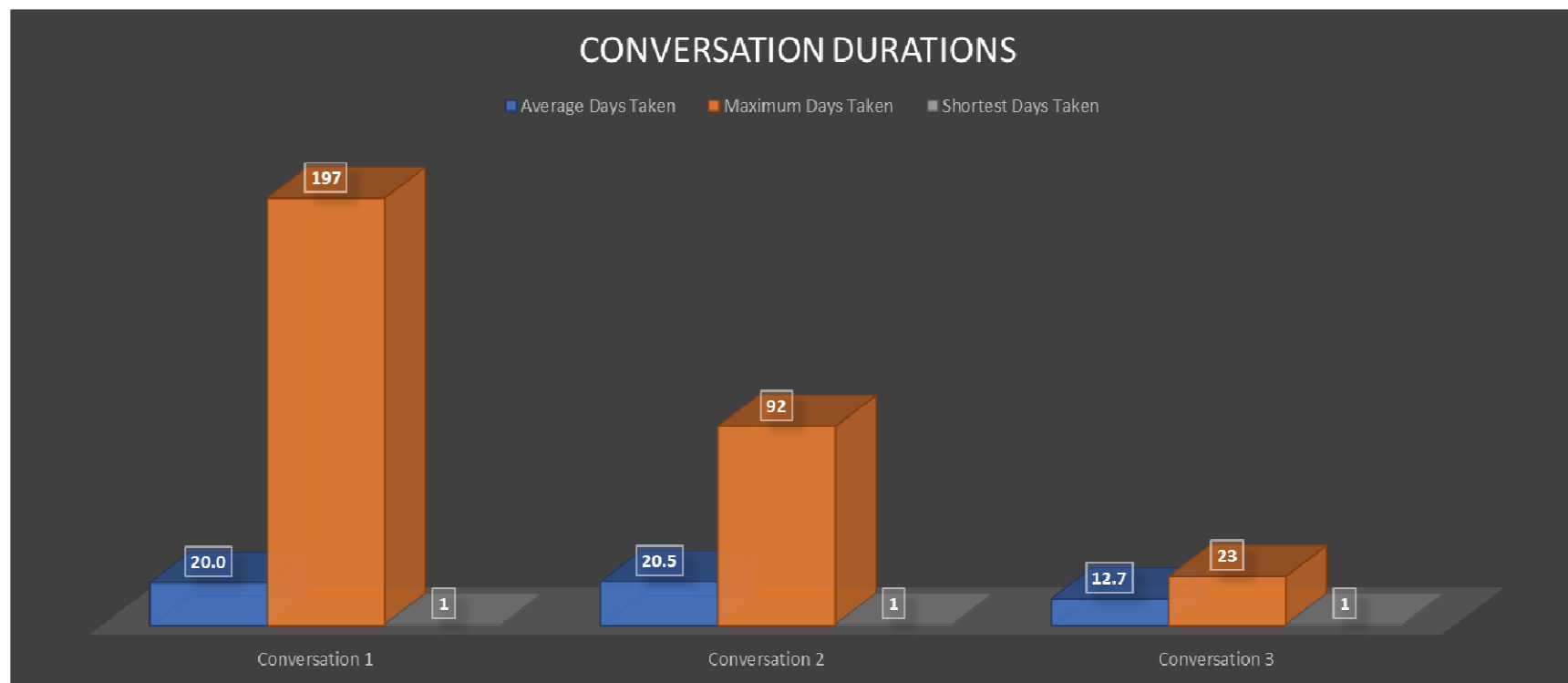


84% at
Conversation 1



16% at
Conversation 2

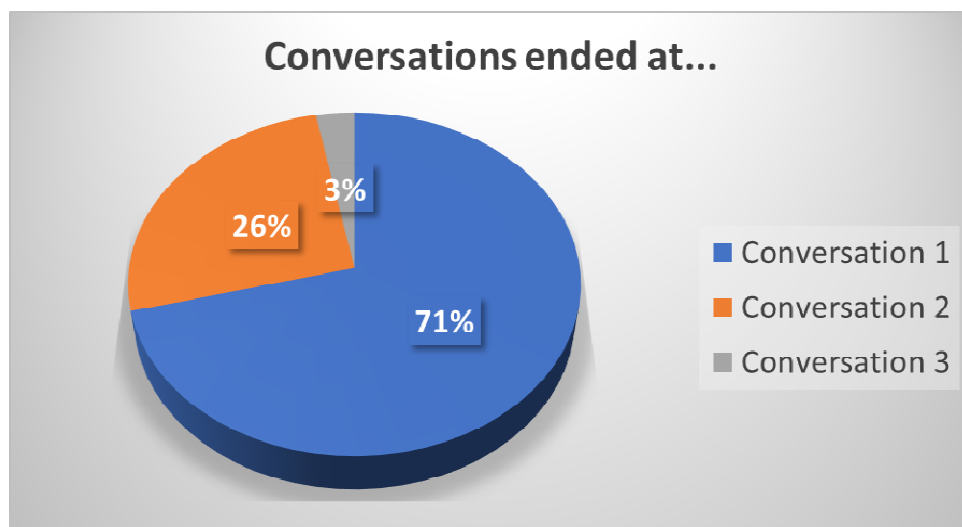
How long are conversations lasting?



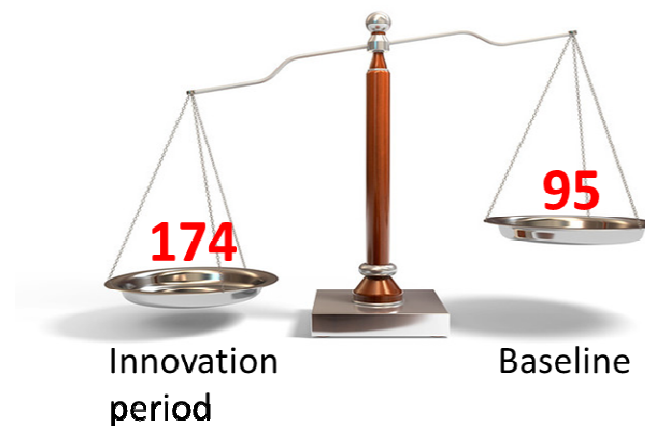
Note: 29% of Conversation 1's were completed on the same day as they started

How did our conversations end?

Total number of Conversations completed with people during the period - **254**

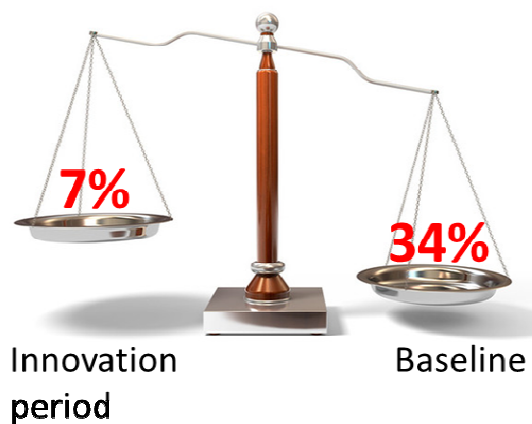


Completed Conversation work for “new” people compared with Assessments & Reviews over the same length of time



What our conversations led to

Conversion rate for “new” people



	Innovation Site	Comparison**
Total Short Term Residential Care placements	3	7
Total Bednights	85	457
Total Gross Cost	£7,208.17	£40,715.14
Average length of commissioned stay (bednights)	28	65

Connecting with our community

Some of the events we have been to are:

- Active into Autumn
- Breakfast with the Lions (Forces network)
- Scott Benton MP Older Persons Fair
- The Ibbison Court Roadshow
- The Armed Forces Covenant



We have made many new connections since starting on 3 Conversations and built stronger relationships that we may never have necessarily had previously. Some of these connections are with:

- The Grange – Community Hub
 - Rideability
 - The Volunteers Centre
 - The MS Society
 - Housing Options
 - ROC Gardening Services
 - SSAFA
 - Blackpool Football Club Community Trust
 - The Salvation Army
 - And many more.....
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- All of these are services we either had little or no relationships with previously and now we have named contacts for each service that we can go to directly if needed. They are also very enthusiastic about our new approach and are happy to offer any assistance when needed.

A story of difference

Reason for contact	The difference & my experience
<p>The Learning Disability Team contacted duty to say they had helped Pete's son move into supported accommodation but were concerned that they had noticed some deterioration in Pete's health and were concerned for him as there would soon be nobody else in the house with him. The LD worker asked if we could go out on a joint visit which I did on the same day.</p> <p>When I got there I noticed Pete placed a ball behind his back as he sat down. The LD worker introduced me and explained about her concerns when Pete's son was due to move out. Pete was happy his son would be looked after well as he had been his sole support for the last 7 years since his wife died.</p>	<p>I felt supported to have the time needed to work with this person.</p> <p>It was about Pete, not about assessments.</p> <p>Getting to know him was a wonderful experience and I learned a lot about him in a relatively short period of time.</p>
Action taken	
<p>I asked about the ball and he told me that he thought he had a shattered disc in his back and this helped with the severe pain. He also told me he had been constipated for 14 weeks and had been coughing up what looked like coffee grounds. I was worried about these symptoms and when I asked if he'd seen a GP he said he hadn't for the last 13 years. I asked if he'd like to go to one now but he said no and I didn't push the point. I asked if he'd like me to go to the walk in centre with him but he was worried about his son. I suggested we made arrangements for his son to go into respite support pending his move and offered to go with him to the walk in centre which we did two days later when his son went into respite.</p> <p>We went early in the morning to avoid any crowds and as I drove him there in the car we talked more about the things he liked. He was really interested in calligraphy and sold some of his work in an online shop. When we got there he asked me to go in with him.</p> <p>The health staff examined him and ran tests which immediately suggested he had cancer at quite an advanced stage. They asked him to go to the Hospital to confirm this but he was not happy with that. After discussing options with him and the nurse I suggested that I take him there just to get his bloods checked and see what that showed, he agreed and we went straight there. We waited in A&E for most of the day and I took him to Costa to get a meal deal and some cakes – he liked Mr Kipling! We talked a lot about his life while we were waiting and I really feel I got to know him. After the tests they wanted to admit him and I stayed with him while they waited to find a bed (he hadn't slept in a proper bed for 3 years). I helped make him comfortable and said I'd be in contact on Monday before finally leaving the hospital at 8.45pm.</p> <p>I phoned him on Saturday to check he was OK and on Monday I went to see him again. He said he'd had enough and was going home but was clearly not well. The nursing staff weren't happy with this so I negotiated that I'd take him back home to get some clothes and things he needed and bring him back. I think he just wanted to see his house one last time. I saw him again on Tuesday and he asked for my help making a will. I phoned a solicitor and arranged that. I saw him again several times that week and on the Friday brought him some of the cakes he liked. He'd left a letter for me with one of the nurses which said "I think you've saved a life and I'm glad you have. You got me this far and no one in my life has cared for me like this". Sadly, I had a phone call in the night from the hospital telling me he had died.</p>	

Innovator feedback

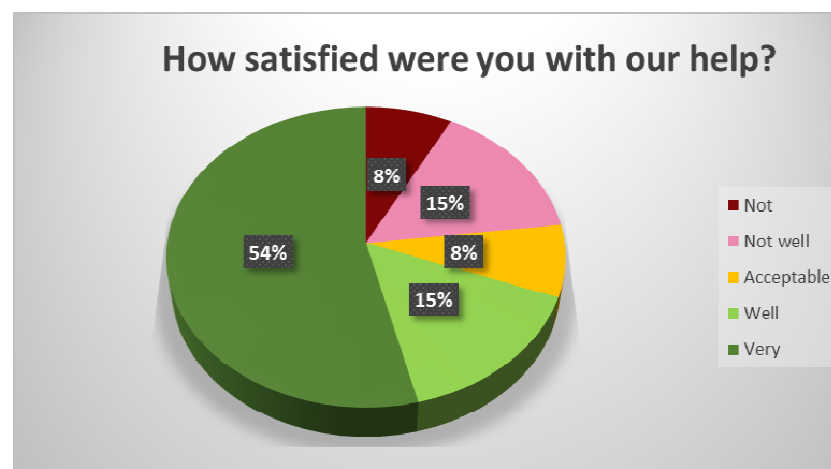
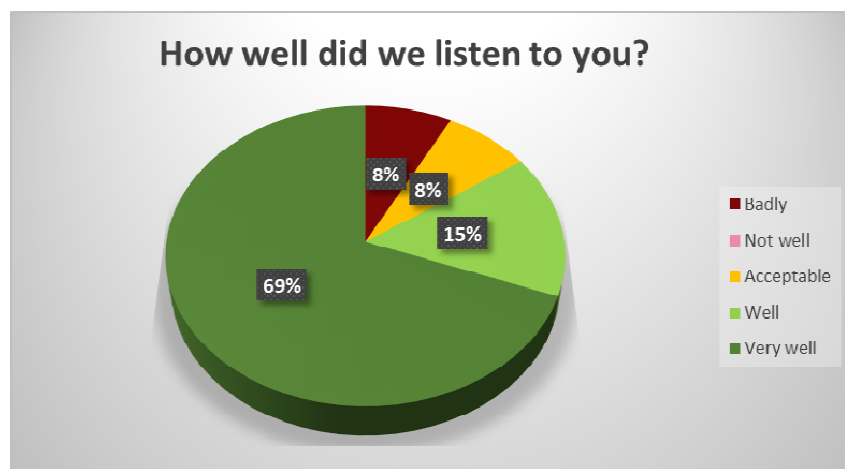
- We are spending more time with people and doing more with them e.g., waiting with them to meet with GP.
- The people I'm working with will call me regularly because they know I'm happy to spend time with them.
- I spoke to someone on duty on the 21st, discussed her with colleagues in a huddle, saw her on the 25th and began working with her by the following Friday. That would never have happened in the old world.
- I don't feel pressured to make a decision or come up with a plan too early and can work with the person at their pace.
- I feel more involved with the person – focused on what's important to them.
- When we started, I said I was person centred but I think I'm much more like that now as the old assessment process used to lead. Now I'm more led by the person and not just going through the motions.
- It's a much better way of working and I have lots more links with other services and activities which I can use when working with people. Huddles help us respond more quickly and the paperwork isn't overwhelming.
- It's made a real difference to people who feel the system had failed them.

How the public rated us

Based on a sample of 13 people

Average score of 4 out of 5 for each question

Note that 8% = 1 person



Note: It's thought that the 1 person who scored the team as performing badly seems to have been influenced by their experience with an OT but has not differentiated between the roles.

What next?

We currently have 3 further innovation sites running across the department:

- Adult Social Care Community Team "Innov8"
- Autism Team "The A Team"
- Adult Social Care Community Mental Health Team "The Go Getters Together"

With a fourth planned to start in February

The A Team

The A team works with people who are diagnosed as Autistic or are waiting for a diagnostic assessment. These are mainly adults over 18 but the team also do some work with those under 18 who need to transition into adult services. The team has a deputy manager, 5 social worker, a case assessor and 4 support workers.

The A team started using three conversations in late October and the latest Data we have is from week 8 of our period using 3 conversations.

So Far, the team has started 30 conversations, and has completed 13 of these. In the past, the team has often worked with people for a long time so this is a good proportion, and demonstrates the focus that 3 conversations as an approach has given us.

The team has only needed to complete 1 “conversation 3” and for this person we increased their existing package of support in the community. This demonstrates a reduction in commissioning for the team and shows that we are helping people with what they need, when they need it and maintaining their independence.

The A Team

The team does quite a lot of statutory work such as making applications to the court of protection, so far we haven't had the opportunity to submit any conversation records but hopefully this opportunity will arise.

The team has addressed all "new" work which has arrived during the last 8 weeks using the 3 conversations approach. The team did have a waiting list prior to starting to use the approach and this waiting list has also been reduced by 4-5 people.

A story of change