

3 Conversations – a personalised approach to Adult Care

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Overview

- » The 3-conversations model aims to create a new relationship between professionals and people who need support, providing a graded process of conversations aimed at helping people lead independent lives, with traditional (funded) support packages offered only when other options have been exhausted.
- » The approach draws on the individual's own resources and encourages professionals to forge stronger links with the wider community, especially the voluntary sector, in order to support individuals.
- » For some people information and advice will be enough, while others may find an item of equipment or identifying a local group to attend makes all the difference. However, there will still be care and support for those who need it.

The model

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?



Progress so far

- » Two 'innovation sites', one in the Bath social care community team and one in the RUH hospital social care team, have been live since March 18.
- » A third team, the North East Somerset social care community team, went live with the approach in mid May.
- » Plans are currently being developed to roll the model out to two further sites over the summer including one in a mental health team.
- » A scorecard has been developed to record the impact of the innovation sites. It is too early to provide any rigorous data, however the sites are already showing a reduction in the time a person has to wait for social care involvement and evidencing an increased awareness of the person's strengths and abilities.

Lessons from other areas

- » People experience an improvement in the quality of the social care provided by getting a response in a timely way to a request for information or assistance; and by being seen as an individual with abilities, networks and resources utilising social care funding to support them in a proportionate way.
- » Other local authorities have seen a reduction of the social care purchasing spend as resources are focused on what is needed by a person rather than prescribing 'off the shelf' packages of care.
- » Social care staff report that, unlike some of the existing approaches, the 3 conversations approach supports their professional understanding of what a quality adult social care service should provide.

A story from our current approach

A day before Mr Y was discharged from hospital after his stroke, Mr and Mrs Y had a meeting with a professional who told them about the care package she had arranged.

This package was drawn up with no input from Mr or Mrs Y, and without any knowledge of their home situation. The package included domiciliary care being provided four times a day, with an initial visit focused on getting Mr Y washed and dressed.

When Mrs Y stated that he could do that for himself, she was told that she could not cherry pick: either accept the whole package or get nothing at all. The first morning, Mr Y woke up early, washed and dressed himself, and waited for the care worker to arrive. It took 4 weeks for professionals to realise that this level of care was not required.

A lot of money could have been saved and frustration avoided if Mr and Mrs Y had had a conversation about what they needed rather than being told what they could have.

A story of difference

Mrs X was ready to leave hospital. The initial information from the ward suggested that she needed residential care. Mrs X and her family were very keen for her to return home. The ward Multidisciplinary Team (MDT) were very concerned that she would not manage at night at home and that her day time transfers would also put her at risk. Mrs X was aware of these concerns and had strategies at home that had worked for her in the past – but which did contain an element of risk, a level of risk both Mrs X and her family were prepared to take. The ward MDT agreed to Mrs X's going home partly because the social care worker would be continuing to support her at home and Mrs X would not be put on a waiting list for a community team. Mrs X returned home with a high day time support package and her overnight needs were monitored. In the following two weeks her funded support was decreased as Mrs X was managing well with support from her family.

The way forward

- » The innovation sites are going to be reviewed at the end of June and a decision made about continuing the roll out across all of B&NES social care services.
- » The plan is to continuously learn, reflect and amend the approach to suit our local needs