

# **3 Conversations – a personalised approach to Adult Care**

A presentation for the Health and Wellbeing  
Board  
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## Update

- To provide an update on the progress of the 3 conversations (3 Cs) innovation sites
- To share the evidence we have to date regarding the impact of the approach for people who contact social care
- To share the evidence we have to date regarding the impact on social care staff and resources

## Overview

- The 3 Cs 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. It is referred to as a strengths based approach
- 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 to end of December 18 (1)

- An Innovation site has been in place in the Midsomer Norton/Keynsham Social Care Community Team since May 2018. The Bath Social Care Team innovation site had been live since March 18, but was suspended in November 18 due to staffing issues.
- The RUH innovation site ran between March and September 18. It ceased as the team were no longer able to manage the demands for discharges and provide the support in the community post discharge. It has been agreed that the Community Teams will work with people as soon as they are discharged from the hospital using the 3 Cs approach. It is, however, recognised that this change will adversely affect some of the benefits that had been seen from this site.

## Progress to end of December 18 (2)

- Annual Review Team - This team undertake the yearly reviews for people already receiving funded support from social care. The team will be using the strengths based approach to identify if the person can be supported differently. The team went live with this approach on the 12<sup>th</sup> of November 2018.
- Autism and Asperger's Team - This team work with people with a diagnosis of Autism or Asperger's. The majority of their referrals come from one organisation. Their innovation site focuses on how many people being referred to the team by this organisation can be supported through Conversation 1. The team went live with this approach on the 14<sup>th</sup> of November 2018.

# Experience: what are people saying?

## Compliments and complaints

Comparative analysis of the level of complaints against last years reported level is underway but is not available for this report.

## “Friends and Family” type feedback

The Social work teams were already developing an ongoing method of collecting feedback from people as they are supported. The social care specific questions have been developed have begun to be used.

## Community Team Social Worker offering consistent support

Contact made by carer who cares for his wife. He was concerned because he cannot leave her for extended periods of time due to her medication regime. Struggling to do his shopping. He is unable to fund any support himself, he was asking for “a sitting / respite service”

Conversation 1 took place on the same day and it was mutually agreed that the worker would visit. On the home visit it was established that the person would like to have some social interaction with others which would also provide her carer with an opportunity to have some time to himself. The person would not be eligible for any funded services. The worker established that the carer had previous experience of social care. At that time he had waited for a worker to make contact and had become more stressed whilst waiting. On this occasion he felt that knowing when someone was coming to visit (within 10 days) he was less stressed and he did not need to constantly have to call the office for an update. This has been far better for his wellbeing.

The worker is currently seeking to connect the person with some appropriate social clubs and her carer is feeling supported by having a named worker.

# Experience: what's going well?

## Taking a personal approach

Referral received from a wife and carer who was struggling with the feeling of being unable to leave her husband. He has recently been discharged from hospital following a stroke and his wife had assured everyone she could provide all care for him. She was now struggling.

Wife wanted a sitting service, however the man wasn't so keen, it was uncertain how much insight he had into his situation from early conversations and his wife was always quick to answer on his behalf.

When the social care worker visited they were asked to arrange a sitting service for an hour the next day as it was the wife's birthday. This was done and the worker also used the opportunity to speak with husband alone, gauge his understanding and acceptance of support and have a discussion about how to relieve pressure on wife.

Links made with Age UK for AA, SAFFA and Red Cross. Sitting service to be funded from the persons Attendance Allowance.

## Helping people to be independent

Mrs Z is an older lady who probably has some low level learning needs, however nothing formally recognised. She was supported by her husband, and since his death she has struggled to maintain a safe living environment. Mrs Z lives in the home she shared with her mother, the home is in a poor condition.

3C's has enabled the worker to build a good relationship with this lady over a period of time, which has built her trust. Together they have been able to work through her crisis one step at a time, to firstly facilitate her discharge home and on-going. Through conversations she has been able to start thinking what a good life looks like to her, and what her future goals are. Mrs Z had linked up to community resources such as a painting group, and a farm that she can visit horses – something she used to love to do. She is now working with Curo ILS who are helping with organising her paperwork, bills and benefits.

Mrs Z has now had the confidence to contact old friends that she has not spoken to in a long time, and has begun re-building these relationships. She is now accepting that her living conditions are not how she wants to live and is for the first time motivated to change this.

This is an on-going piece of work however, she reports that she is feeling more in control of her life than she has for a long time.

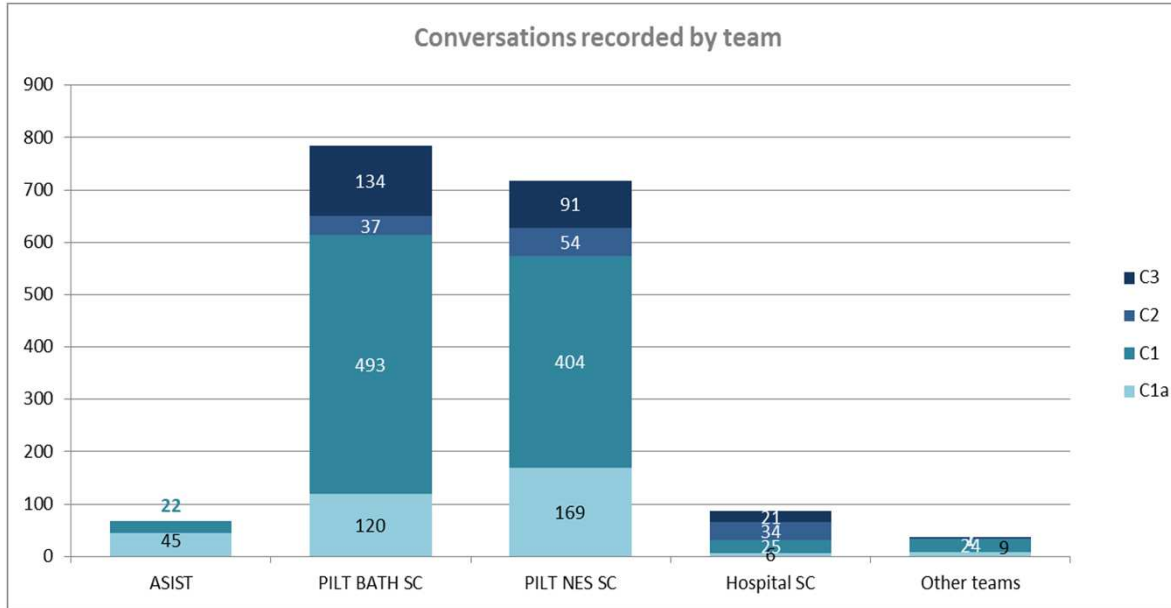


## Experience – Improved process for staff

### Including:

- Simplifying and reducing the paperwork that has to be completed.
- Enabling short term funded support to be provided in a crisis.
- Ability to access funds to meet one off need that would support a person to continue to maintain independence. (To date no funds have been accessed by the innovation sites.)
- Development of templates to support the sharing of information with people in an accessible format.
- Confirmation that care and support plans should include both funded and non funded support to show how the persons needs are being met.

# Innovation Site Activity



1691 conversations have been recorded by the social care front door and the innovation sites up to the end of Dec.

1039 people have been supported by the 3 conversations model since launch.

Each person's support consisted of one or more conversations and the progression is as expected. Most conversations start with a 1 (or 1a) unless a person is in crisis and goes straight to a conversation 2.

People that have been supported with 3 Conversations and their 3 Conversation Progression

Start	End				Total
	C1a	C1	C2	C3	
C1a	67 6%	169 16%			1039
C1		527 51%	35 3%	198 19%	
C2			16 2%	27 3%	
C3					

The Social Care Community Teams have recorded 88% of the conversations.

73% of people were supported by Conversation 1 while 22% went on to Conversation 3 – a full assessment for care and support.

# Financial Impacts – Community Teams

These results focus on the Community Teams where the 3 Cs model is most embedded. The chart below shows that by Dec 2018 160, 22% of people with a package have had some engagement with the 3 Cs approach.



The financial impact of 3 Cs is being analysed. There are some positive signs of the approach meeting needs through non funded support. However further work is required to fully measure the impact on social care spend.

# Community Connections

We do know that people have been connected to their community resources at all Conversation levels supported by, amongst others:

- ✓ SAFFA
- ✓ Age UK
- ✓ Larkhall Circle of Friends
- ✓ Red Cross
- ✓ Alzheimer's Society
- ✓ MS Society
- ✓ MND Society (will provide specific funding for specialist equipment or social activities)
- ✓ Winston's Wish

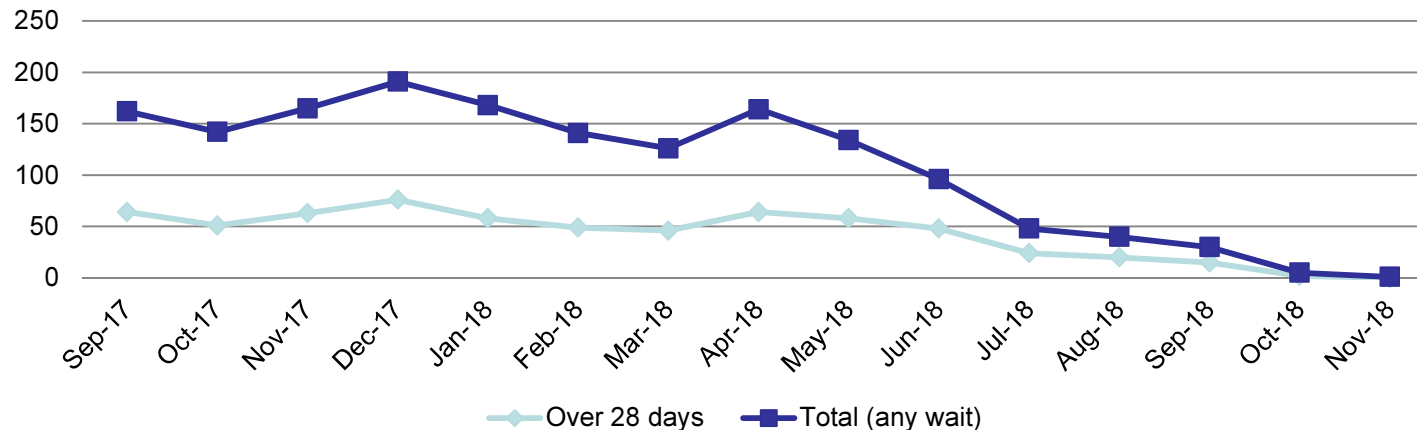
# Reducing Waiting Times

## Social Work Waiting List Trends – Community Teams

Since January 2018, a great deal of work has been undertaken by the Community Teams to reduce their waiting list. This work has been supported by the 3 conversations approach, but cannot be attributed solely to the approach. By November 18 there was only 1 person waiting for an assessment which compares with 158 in June 2017.

The 3 Cs approach has supported this work by supporting the teams to contact the person straight away. If a conversation is required (rather than very quick advice and navigation) a time is agreed for the next conversation, depending on urgency and type of conversation needed. So far these conversations are mostly the same week, and often the same / next day if the person is in crisis.

## Waiting List - Social Care Needs Assessments



**Delayed Transfers of Care**

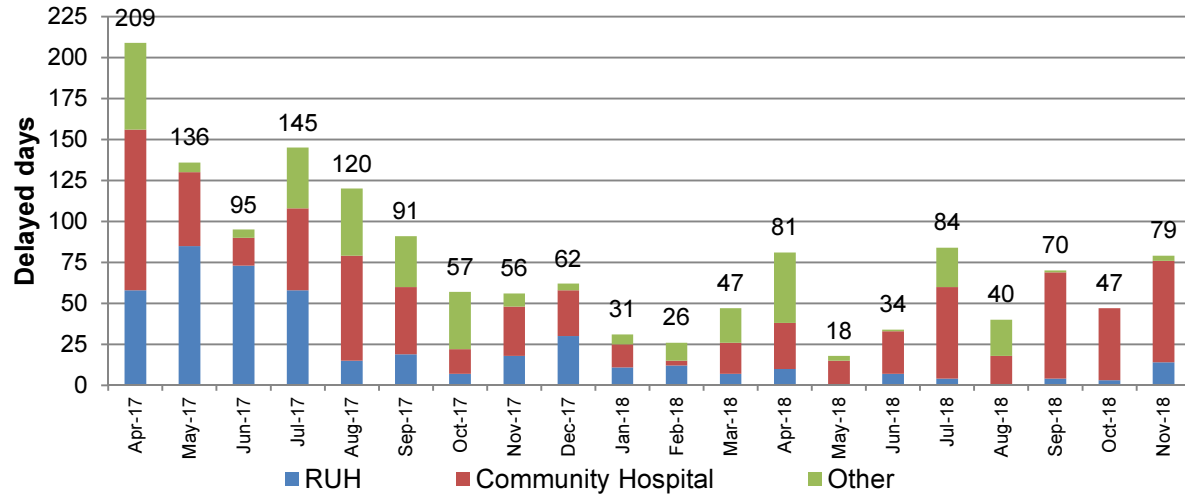
All local authorities have been targeted to reduce all delays for patients waiting in hospital for social care support to be put in place. A number of initiatives are in place including Better Care Fund schemes to support this.

Delays due to awaiting social care assessment (top chart) have been improved by reducing social care waiting times and the 3Cs approach. Delays shown relate to all social care teams, including mental health, not just those in the 3C’s innovation sites

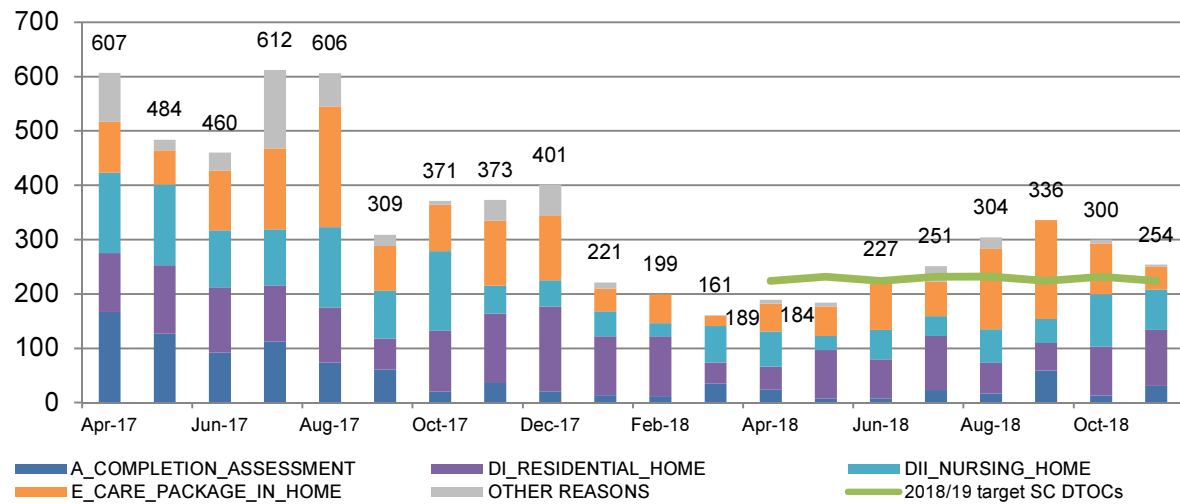
The 3 Cs model indirectly supports wider reductions in DTOCs by reducing the need for funded support which will help reduce delays due to package / placement availability. More directly these are affected by wider market availability including community and residential packages and reablement (Home First).

# No waiting times – DTOCs

**Delayed days per month due to awaiting completion of assessment**



**Social-care attributable delayed days by reason**



# Quality of Service

Qualitative audits of social care records are to be undertaken from January – March 19. To consider:

- the quality of recording
- the use of a strengths based approach
- use of resources available to the person
- provision of clear and accessible information to the person
- adherence to governance requirements i.e. regarding financial authorisation
- responsiveness to need
- legal and financial compliance

# Ongoing Actions and Next Steps

## Ongoing actions

- Review the challenges experienced by the RUH Team and Bath Community Team to support the restarting of the 3Cs approach within these teams
- Embed 3Cs philosophy and strengths based model in induction and appraisal of all Social Care staff
- Continue data analysis and monitoring of financial impact

## Next Steps

- Explore use of 3Cs in the Learning Disability and Sensory Loss Teams
- Agree governance, leadership and future priorities for Year 2
- Use learning from innovation sites to inform the Council's charging policy



# Summary

## Benefits from 3 conversations

- Supporting reduction in waiting list
- Supporting reduction in DToCs
- More responsive service
- Simplified and reduced paperwork
- Easier access to preventative support

## Challenges

- Data is not sufficient at present to evidence any financial impact
- Level of cultural change required
- Staffing issues in social care