3 Conversations: Time for a fresh start in health and social care?

Do you feel like you could make a bigger difference to people's lives? Does it sometimes feel like you have to spend too much time filling out forms? Have you ever thought, "if only I had more time to get to know the people I support better we could achieve so much more?"

The way we deliver Health and Social care in Trafford needs to change; we could say that the system has lost sight of what is really important. It doesn't support us to have conversations about what matters to people, and it doesn't support us to act upon what we learn. It constrains our creativity with its convoluted processes, tick boxes and the race to complete hundreds of assessments and reassessments. It could be described as a 'sorting office' where people move through the system in a series of queues and waits and don't necessarily end up where they want to be.

So what's happening?

The 3 Conversations model created by Sam Newman, director of Partners 4 Change (P4C) is currently being trialled by a selection of our adult social care staff. The model involves having 3 conversations (seen in the graphic below) and sticking to some golden principles. We are passionate about creating a truly personalised health and social care system and by adopting this approach we hope to support the people of Trafford to live the life they want on their terms.

Countless council's across the UK have benefited from this way of working and they define the key to success as working with front line staff from day 1. Adult social care staff are helping to design innovation sites where we are testing out the approach with people who require support. From this we hope to learn together what does and doesn't work and then move towards creating more innovation sites.

This project is not about improving the current system, more training or new forms, this is about literally starting again and designing a new system from scratch. It's about taking the time to have meaningful conversations and support people to get what they want out of life.

We hope this commitment to radical change will inspire people to start thinking differently about how the people they support could benefit, if you have any ideas please get in touch and let us know.

You can let us know your thoughts and ideas, good and bad, by contacting the 3 Conversations Project Lead, jennifer.mcerlain@trafford.gov.uk . We are keen to know what our workforce is thinking; no idea is a bad idea!

The P4C 3 Conversation Model™

1 Conversation 1 : Listen & Connect

Listen actively - don't assume anything. What really matters to this person? What are their interests and skills? What are they wanting to do? Consider and discuss all of the resources and supports that you can connect the person to within their community and networks in order to help them get on with their life, independently.

2 Conversation 2 : Work intensively with people in crisis

What needs to change urgently to help people regain resilience and stability? Complement peoples' own networks by exploring what offers you have at your fingertips, and those of your colleagues - including all of your knowledge of the community to help makes these things happen. Pull the most effective things together into an 'emergency' plan (that includes the needs of family carers), and stick to people like glue to make sure that the plan in place works. If it doesn't, then change it!

3 Conversation 3 : Build a good life

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

Listen hard. What does a good life look like for this person (and their family)? What resources, including a fair personal budget, are available? What support, both informal and formal will help people to live a life that is good, according to their definitions? How can we help someone get that support organised so they can live the best life possible?

Case Study 1 – Conversation 2

JP is a completely independent elderly gentleman who attended Trafford General Hospital for an elective hip replacement. Following surgery he returned home with the SAMS service. During their initial visit the SAMS team raised concerns that the temperature of his home was a risk factor given the lack of movement associated with recovering from major surgery. A recommendation was made to readmit JP to hospital as a preventive measure. In response a social worker (SW) visited the same day to have a conversation 2 and create an emergency plan for JP, taking preventative measures supported by Section 2 of the Care Act to prevent a hospital readmission and enable JP to remain independent in his own home. Whilst having the conversation it was established JP had limited means to heat to heat his home, risking deterioration of his physical, mental and emotional health.

Having established JP had limited means to source a solution due to financial hardship and lack of a support network during the Conversation 2, the SW procured two heaters (at a cost of £60) within a few hours and set them up to maintain and improve JP's wellbeing. As a result of the actions taken JP was able to keep warm, stay in his own home and avoid a hospital readmission at a potential cost of £700 a night. The 3 Conversations model utilised by the SW promoted JP's independence and enabled him to have the best chance of making a full recovery.

If the SW had not been able to react quickly to improve JP's home environment as enabled by Conversation 2, JP would have been unlikely to be seen on the same day by a SW and been readmitted to hospital upon the SAMS recommendation. Instead, JP would have been subject to a full assessment of needs under the assessment framework, and furthermore may not have been found eligible for support under the Care Act.

Case Study 2 – Conversation 1

A referral came in from DR's close friend, to notify social services that she supports DR five days a week but would be going on holiday. This would mean that no-one would be supporting with shopping, medication prompts and meal preparation for a period of 16 days. DR wants to be at home but due to pain from Arthritis struggles to complete food shopping and stand to prepare meals. This is compounded by evidence provided by the friend who is quite certain that the only food consumed by DR over the weekend is sandwiches left by her.

In BAU the previous system respite care would be automatically prescribed as the solution. Under the 3C's model, the SCA had the opportunity to explore alternative options to respite care. Following a Conversation 1 the SCA connected DR to ICARE, a company that delivers hot meals and can provide medication prompts if required, meeting DR's desire to remain in her own home. The SCA could connect DR to ICARE themselves due to being able to spend time exploring options and thinking creatively under the 3C's model. DR has the funds to pay for this service and has chosen to make a private arrangement with the support of the SCA. This has potentially aided the council from spending significant staff time organising a respite placement, conducting an assessment/ financial assessment and then recouping payment.

DR reported she was very happy with the outcome as it has enabled her to stay in the comfort of her own home and will still get to interact with other people while her friends are away. The 3 Conversations model allowed the SCA to find a solution to maintain DR's emotional wellbeing without disrupting her current routine, which would have possibly had a negative effect on her wellbeing.