Bracknell Forest Council

ADULT SOCIAL CARE AND HOUSING OVERVIEW & SCRUTINY PANEL

27 MARCH 2018

SUPPLEMENTARY PAPERS

TO: **ALL MEMBERS OF THE ADULT SOCIAL CARE AND HOUSING OVERVIEW & SCRUTINY PANEL**

The following papers have been added to the agenda for the above meeting.

These were not available for publication with the rest of the agenda.

Alison Sanders
Director of Resources

Page No

Gill Vickers, Director of Adult, Social Care and Housing and Melanie O'Rourke, Head of Adult Community Team will run an interactive session on the Conversations approach with Members including case studies.

The 3 Conversations model has been adopted across Adult Social Care and is the way that we support people. Our aim is to help people regain independence and control following illness or when the person has a Long Term Condition. In essence, the model is a move away from unnecessarily protracted processes and questioning to one that is proportionate and driven by the person.

The previous approach involved formal assessment of individuals' presenting to Adult social care to ensure they met eligibility criteria. This has been replaced with a more has replaced with a more natural conversation to drill down on the presenting issues, problem solving together to find sustainable solutions. The model can only work when we build on what is already working for the individual (their strengths). Not only to find out what things the person has around them to help, but also to help the individual reflect and recognise the things they are succeeding with. The approach focuses on applying a "Common Approach to Common Sense" enabling practitioners to be more

creative and responsive using a three stage approach.

The 3 stages are briefly illustrated below:

•   A 1st Conversation is aimed at helping people whether or not they are eligible under the Care Act. The focus is on short term, quality interactions as early help or to prevent / delay need.

•   A 2nd Conversation focuses on Short Term Interventions to help the person to resolve an immediate need or crisis. The aim of a 2nd Conversation is for the person to regain control and independence.

•   The 3rd Conversation is the point at which long term support is established under our statutory processes and duties (these will be people who meet our statutory eligibility criteria).

CONVERSATION AWARENESS SESSION OVERVIEW AND SCRUTINY COMMITTEE 27TH March 2018

A common approach,
using common sense

Melanie O'Rourke, Head of Service for Adult Community Team

AGENDA

o The case for change

o Introduction to the conversations approach

o Implementation in Bracknell

o What is the difference?

o How we change our relationship with the people we support?

o Case studies

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THE CASE FOR CHANGE

- Can no longer do the same things differently. We need to do different things

- Layers and Layers of process

- Disproportionate assessments

- Creating a dependency on the Local Authority

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INTRODUCTION TO THE CONVERSATIONS APPROACH

o Created by Partners for Change

o Adopted by many local authorities

o About starting from a blank page rather than tweaking what we already have

o Locally implemented in Slough, West Berkshire and Reading

Guiding principles of conversation models

o We are not the experts – people and families are

o People are more resilient that we think

o We must know about the neighbourhoods and communities that people are living in

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IMPLEMETAION IN BRACKNELL

- Met with people who use our services and their carers

- Self-identified group of practitioners who wished to help develop the approach

- Decision to implement across all adult social care groups

- Reconfigured our IT system to reflect the changes

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THE INNOVATION TEAM

Lorraine Chapman	Melanie O'Rourke	Chris Ray
Older Persons Mental Health	**Transformation**	**Transition**
Amy Shaw	**Steph Bartrop**	**Steph Small**
Learning Disabilities	**Autistic Spectrum**	**Adult Community Team**
Dave Parker	**John Bradshaw**	**Sue White**
Sensory Needs Service	**Safeguarding**	**Brokerage and Direct Payments**

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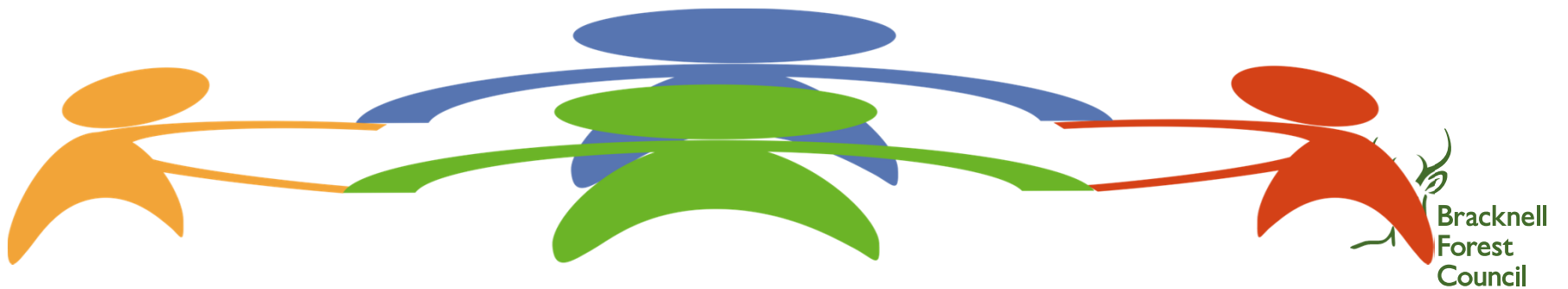
WHAT IS THE DIFFERENCE?

- Less questions more listening

- Don't make assumptions

- Don't talk about services

- Don't make long term decisions in a crisis

- Trial different approaches until we get it right

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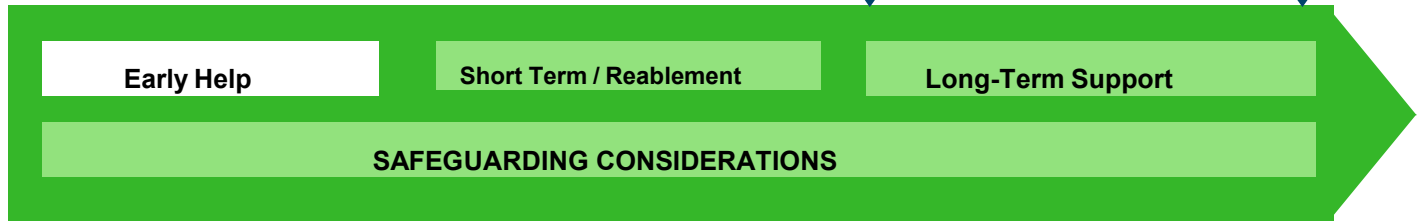Forest
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Early Intervention & Prevention

1st Conversation

Up To 2 Weeks

2nd Conversation

Up To 6 Weeks

3rd Conversation

More Than 6 Weeks

Statutory Process

Early Help

Short Term / Reablement

Long-Term Support

SAFEGUARDING CONSIDERATIONS

Early Help Fund

Reablement Funding

Personal Budget

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Conversations

Having conversations based on what people want to tell us, not what we want to ask them. We should therefore see them as people within a community, rather than a service user, client or customer. The conversations will allow us to spend more time with the people that ultimately put them at the centre of the work that we do. With the new LAS system, it can cut back the amount of forms that we fill in, again ensuring we can spend more time with the person rather than in the office.

First Conversation

- How can we help you to help yourself?

- Listen actively – don't assume anything.

- Consider and discuss all the different resources in the community and support systems that the person has in place that would help them get on with their life, independently.

Second Conversation

- Working with people intensively in the crisis.

- What needs to change for the person to regain control and to return to managing independently at home.

- What resources do we have as clinicians to pull together an 'emergency plan' to assist this person to regain control e.g. people's own networks, access to a small amount of money, thinking outside the box and other colleagues' experiences.

- Stick to the person like glue in a crisis and help them through the emergency plan.

Third Conversation

- Building a support plan with the person to ensure they have the best life possible that they want.

- Including a fair personal budget and using formal and information support to achieve the persons goals.

EXERCISE

What would it take for you to contact social services?

Risk & Duty of Care

Risks

- *People were people before they came to social services they took risks and managed situations*

Duty of Care

"We have foreseen the risks and the person has foreseen the risks and a decision was made"

RISKS

Think about a risk that you take, that would cause concern to a Social Worker visiting you?

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RISK

- People have taken many risks before they came to us
- People are more resilient than we think
- Providing real choice and control means enabling people to take the risks they choose
- Risk can be fluid and change over time

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"We have foreseen the risks and the person has foreseen the risks and a decision was made"

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Conversation 1:
'How can I connect you to things that will help you get on with your life – based on your assets, strengths and those of your family and neighborhood.
What do you want to do?
What can I connect you to?

Case Study – Community Connectors

About David

lives with 18 year old son	Has multiple sclerosis	Struggles with daily activities	Not good at preparing meals	Main daily meal is pasta with a jar of pasta sauce

Community Connector discussed options → **Vegetable steamer and slow cooker identified to assist** → **Community Connector provided recipes to try** → **Son can help with food prep and David can use cooker** → **Both are able to enjoy nutritious healthy meals together**

Conversation 2:

When people are at risk – 'What needs to change to make you safe and regain control?

How do I help make that happen?

What offers do I have at my disposal, including small amounts of money and using my knowledge of the community to support you?

How can I pull them together in an 'emergency plan' and stay with you (like glue!) to make sure it works'?

Case Study - Conversation 2

About James

in late 80's lives alone

Has a number of health issues

Moved to living downstairs

Two falls in 12 months

Admitted to hospital for fall and chest pains

James was discharged with a package of care

ICS provided support with:

Managing with stairs

Personal Care

Meal Preparation

Perching stool provided to support with food preparation in the kitchen

Within 3 weeks of hospital discharge

James was happy to end all support

Able to continue living independently

Third Conversation

- Building a support plan with the person to ensure they have the best life possible that they want.

- Including a fair personal budget and using formal and information support to achieve the persons goals.

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Case Study - Living with Dementia

About Mary

90 Years Old
lives alone, has supportive family

Has Dementia & Alzheimer's

Struggle with daily activities

Assessment is completed

Agreement that they would benefit from paid carers

Assistive technology would also be helpful

Continued support as health declined

At risk of overdosing on medication

Agreement that she can no longer manage living alone

Moves to Residential Home Astbury Manor

Needs are met

She is happy and content

Case Study - Carers and Direct Payments

About John

His wife's health issues affect her energy and mobility

Provides his wife support for all her needs without help

Couple are happy with their arrangement

Carer's assessment is completed

→ Benefit from assistance keeping the house clean

→ Received direct payment

↓ Employs PA with direct payment for domestic support

← Wife feels comfortable with PA

← John can go out whilst PA is with his wife

↓ John can have a break from his caring role and maintain his wellbeing

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What we need from O.S.C.

- Help to ensure Members are familiar with the 'Conversations' approach so they can support Bracknell residents to understand our new way of working and the fact that traditional services are not always the most effective way to support someone.

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OSC Conversations Training
27.03.18

Traditional approach		Conversations approach
Ask a series of standard questions of everyone,		Strength based approach:
Focused on what the person cannot do		What made you pick up the phone today
Make assumptions based on previous need		What is working?
Use services as a way to meet need		What isn't working? Why do you think this might be?
Make long term decisions based on the issues that are presented at assessment or review		What assets do you have? Family, friends, neighbours, technology equipment
Do not explore what the local community and networks can do		Let's break down the issue you are concerned about. Which bit shall we work with first? What is the first step to get there? What do you need to do to get there? What do I need to do to help you?
Take a risk adverse approach		Positive risk taking approach

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