Harnessing the value of Allied Health Professionals: Using P4C 3conversation model

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Today’s agenda

• Introduce Partners 4 Change and myself
• Who’s in the room?
• What we are doing at P4C
• Things we hear from workers ‘in the system’
• 3 conversation model- a story of 2 halves
• Potential impact using real case examples
• Conversations and the Care Act
• Final thoughts
Who are *Partners4Change*?

- Set up by Sam Newman who working in Social Care sector for 20 years before starting *Partners4Change*
- *Partners4Change* helps organisations work out how to make the most of their capacity and resources and deliver on the promises of personalisation in order to give people real choice and control
- We use a model based on conversations
- I’m Rachel Richardson-Wright an OT. I’ve worked in various roles within Social Care for 29 years before joining Sam and the team earlier this year.
Who is in the audience?

When I shout out a role that you think you roughly defines you, put your hand up and cheer / whoop..

1. People who are working, or expect to work with the front line public services
2. Managers of those who work with the front line public
3. Managers of managers (i.e. heads of service, directors etc.)
4. Strategists and project managers (project / strategic leads, business analysts, I.T. developers etc.)
5. Anyone else?
Reflections of people in the system

- “We have become an assessment for services factory.”
- “We are obsessed with eligibility and yes/no decisions”
- “Our assessment practice has become a defence mechanism – to justify keeping people away.”
- “Our process is one size fits all.”
- “We are too paperwork and process oriented – we have almost forgotten about the people.”
- “We have only paid lip-service to the opportunities of the Care Act – we would like to do more.”
- “Most of our plans will tell you nothing about the person – just about the time and task care.”
- “We are doing things to people, not with them”
Organisation’s approach

• Operate central contact function to keep people out of the system. Divert! Divert! Divert!
• ‘Triage’ people, make them wait, move them around, push them down a ‘pathway’; run a ‘sorting office’.
• Eventually - people receive ‘an assessment for services’. This is the core business function and often the output is ‘time and task’ plan.
• Usually very little in-between; perhaps a % of people get a re-ablement service.
• Practice becomes process driven, impersonal impacting on quality.
• The person’s experience often exhibits all the things we don’t like about how organisations interact with and treat us.
Using conversations -

- We advocate a different approach, using a model based on 3 types of Conversation
- This abandons the status quo ‘assessment for services’ operating model and replaces it with three precise, specific conversations
- We’ll use this to discuss the impact of using ‘conversations’ to change and improve outcomes and lives
Distinct conversations

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?
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.
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!
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?
• Abandon assessment for services as our ‘offer of value’
• 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 colleague
• Never plan long term in a crisis
• Stick to people like glue during conversation 2 – there is nothing more important that supporting someone to regain control of their life
• No hand-offs, no referrals, no triage, no waiting lists – take responsibility.
• We are not the experts – people and families are
• Know about the neighbourhoods and communities that people are living in.
• Always work collaboratively with other members of the community support system.
How to make it happen – learning by doing
An OT’s Personal Journey

• much more collaborative approach,
• able to work with the individual, their families and other professionals involved,
• support them rather than implement a formulaic list of questions
• personally and professionally liberating,
• enabling a person centred and proportionate approach
• able to do the jobs we trained to do
• a set of meaningful conversations leading to meaningful outcomes.
• work with like-minded professionals, able to respond to the high demand liberating #respond at a level which is tailored to each individual’s needs
Working with the CCG

• GP surgery
• List of high demand patients
• Used a MDT approach across health, social care and local CCVS services
• Contacted those on the list
• Started conversations
Case Examples

• We’re going to focus on conversations 1 and 2
• I’m going to describe a real case example and situation
• Turn to the person next to you; form pairs or small groups
• You’ll spend 2 mins and quickly come up with what you think would happen in your current system
What would happen in your current system?

‘Case story’ Fred aged 79

Fred lives with his wife and his adult daughter. Fred’s daughter has a learning disability but has a job and a boyfriend and can drive a car.

Fred has recently been diagnosed with early dementia.

Fred’s wife has a heart condition which leaves her very breathless.

Fred and his wife have contacted services as he would like to go in a home
Case Examples

• Doreen aged 77
• Short stature
• Heart condition
• Lives alone
• Struggling around her home – had burnt her arm recently whilst cooking and lost confidence.
Case example

• Tony – 29 has MS
• Recently released from prison
• No family involvement
• Living in a hostel
• Wants to change his life but does not have basic skills around managing home/finance cooking
Conversations and the Care Act

**Assessment**
Secs 9-13, Care Act 2014
Care and Support (Assessment) Regulations 2014 say

**Proportionate assessment – general requirements**

3. — (1) A local authority must carry out an assessment in a manner which—
   (a) is appropriate and proportionate to the needs and circumstances of the individual to whom it relates; ... 

- The three conversations can be viewed as three examples of proportionate ‘assessment conversations – appropriate to the needs and circumstances of the person.
- It is in the hands of the worker to determine the proportionality and appropriateness of the conversation they are using. The three conversations is not a formulaic linear approach.
- If conversation 2 is the most appropriate and proportionate then workers use it immediately. All three conversations focus on needs, outcomes and what the person wants to achieve.
Conversations and the Care Act

Section 2 Care Act 2014
- Chapters 1 and 2, Care and Support Guidance 2014 – describe duties to promote wellbeing and reduce, prevent or delay needs arising
- Para 1.2 – describe duty to promote wellbeing
- Para 2.3 – commitment to prevention
- Para 6.63, Care and Support Guidance 2014 - sets out basis of approach using strengths and capabilities approach. Gives example of a person using a support to work service run by a local CVO to gain employment

Conversation One. We are connecting people to things that make their life work without us (e.g. connection to community groups, other people in similar circumstances, a grab rail, etc. – whoever pays for it). We are

- Not worried about whether or not the person is eligible.
- We are meeting needs of the Care Act - Prevent Reduce Delay.
- It’s not about telling people they can’t have a service – its understanding what will enable them to live a ‘good life’ and facilitating that through connections.
- We are interested in finding out ’what do you need and what you want to do to get on with your life’
Section 2 Care Act 2014
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Conversation 2. If someone’s circumstances mean they are in crisis then the appropriate conversation to those circumstances is conversation 2 – aimed at understanding what is causing the crisis, what needs to change urgently, and then working with the person to enable those changes to happen wherever possible.
• Not worried about whether or not the person is eligible.
• We are meeting needs of the Care Act - Prevent Reduce Delay.
• If plan not working end it and develop a new one. Can have several consecutive T2 plans while trying to find way of stabilising someone’s life,
• But can not let plan drag on without scrutiny, beyond the scheduled end – point. Time limited
Three Final thoughts

1. Using conversations as the model of planning can dramatically reduce the paperwork associated with recording (move towards a 30 / 70 split of paperwork vs working with people)

2. We often hear people say that ‘this is what I used to do’ – this idea of ‘conversations’ is not necessarily a new thing

3. The hardest part of this is not necessarily the model or the ideas around conversations, it’s how you make it actually happen.
Any questions thoughts comments?
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