

The Three Conversations in Harrow



MAY 2021 (v.1.02)

London Borough of Harrow
The Three Conversations®
Story of Change



The Three Conversations® in Harrow – Story of Change

Introduction

This is the story of how an approach known as Three Conversations was introduced into adult social care in the London Borough of Harrow and developed through the use of some innovative data and evidence.

‘The Rules’ of Three Conversations® introduced by Partners 4 Change

The Three Conversations® is how we have open and interested conversations with people and families who need support and with colleagues and partners as we work out how to collaborate and make things happen to be useful to people and help them get on better with their lives.

We recognise that people and families are the experts in their own lives, so we need to listen hard to them and use the resources and skills we have to build on their wishes and strengths, and to connect them to the right people, communities and organisations to make their lives work better.

Sometimes the social care system can function like a sorting office, where people are sent off down predetermined routes to ‘one-size fits all’ services. We need to stop passing people around for someone else in the system to deal with and start working with them until we’re sure they’re safe and that their plan for a good life is working.

We know our response in a crisis is critical. Many of the people and families we meet need urgent help to get their lives back on track – so rather than assessing them for services, we must stick with them, and not even think about eligibility or longer-term support until the immediate crisis is over.

We know that language is really important too, so we don’t use words that de-humanise (no more ‘service users’ or ‘cases’), and we stop talking about pathways and journeys, allocation and referrals, screening and triage.

At the heart of our approach is co-design of ‘innovation sites’ with staff who express interest – where you can learn how to work differently, gather evidence to demonstrate the difference you’re making, and reflect on your practice to further develop and scale-up your approach.

The conversations are what we use to understand what really matters to people and families, what needs to happen next for them, and how we can be most useful.

Conversation 1: Listen and connect

Conversation 1 is about listening hard to people and their families to understand what's important, working with them to make connections and build relationships to help them get on with their life independently. Conversation 1 is not about whether the person is 'eligible' but it does meet the 'prevent, reduce, delay' requirements of the Care Act.

Conversation 2: Work intensively with people in crisis

When we meet people who need something to happen urgently to help them regain stability and control in their life, we use Conversation 2 to understand what's causing the crisis, put together an 'emergency plan' and stick with the person to make sure that the changes happen quickly, and that the plan works for them.

Conversation 3: Build a good life

We always exhaust Conversations 1 and/or 2 before moving on to Conversation 3 – and often we find that we don't get this far. But for some people, longer-term support in building a good life will be necessary, so Conversation 3 is about understanding what this good life looks like to them and their family and helping them to get the support organised so they can live the best life possible.

“Collaborate to make things happen so that we can be useful for people and help them get on better with their lives”



JONATHAN KILWORTH, BUSINESS INTELLIGENCE PARTNER, STRATEGY & PARTNERSHIPS, HARROW COUNCIL

If an organisation presented an approach to adult social care that could simultaneously save money, boost people's independence and improve staff job satisfaction and morale, what would your response be? I was overwhelmingly sceptical but determined to closely monitor any potential benefits.

In this report I will present Harrow's Story of Change. My role was to effectively utilise the evidence to help steer the innovations and demonstrate any impact for citizens and the Council. I will explain how this was done and you will also hear from some of the people who made it happen. We also discuss the impact of the Covid-19 pandemic on our experience and results. We hope it's useful if you're considering this approach..

Harrow Council, May 2021

Executive One Page Summary

The Three Conversations® Story of Change in Harrow

The Three Conversations¹ was introduced as an approach to adult social care in June 2019 as part of a major Transformation programme, working in the Early Intervention Team with about half of all new people making requests for support. It then expanded to cover most of the remaining new requests and was subsequently introduced for people with existing care and support in August 2020, during the Covid-19 pandemic.

Working collaboratively with a project team including Partners 4 Change, the Mosaic (database) team and Business Intelligence, the innovation site staff co-designed the three innovations running for 12-16 weeks each.

Results from the first year of working in this way indicated a significant reduction in new requests for support² associated with fewer 'repeat' requests (falling from a third to a quarter). Although more staffing resources were needed to achieve these results, the reduction in new people requiring long-term care and support was significant, falling from 7.2 to 5.5 people per week, worth approximately £700k in 2019-20 in cost-avoidance. Feedback from citizens and families was generally positive and staff in the innovation sites wanted to continue working in this way.

For those people with existing care and support, the new approach led to fewer increases in the costs of that support with a full year equivalent saving of more than £450k in just four months. Feedback from citizens was also positive.

In combination with other Transformation projects it was also possible to more fully embed recommendations from NICE on user experience³, redesign the Adult Social Care pages on the website⁴ and build a database of community support resources for staff. Covid-19 had a significant impact on adult social care and forced new ways of working, but the approach has continued to be rolled out. Suggestions for those thinking of adopting 3Cs would be to co-produce new database forms and technical solutions with staff, simplify forms, report data from your innovation sites quickly and ensure there's commitment to act on what you find. Seeking feedback from some of the citizens you've worked with and setting up weekly reflections on practice among the whole team also helped. We found it invaluable to promote a 3Cs Change Champion to help build the approach and give practitioners a peer to help guide and support their work.

REFERENCES

¹<http://partners4change.co.uk/the-three-conversations/> ² England Data on Activity and Finance –search “NHS Digital Analytical Hub”

³<https://www.nice.org.uk/guidance/ng86/chapter/Recommendations> ⁴<https://www.harrow.gov.uk/adult-social-care>

Setting the Scene

Why Harrow decided to use Three Conversations

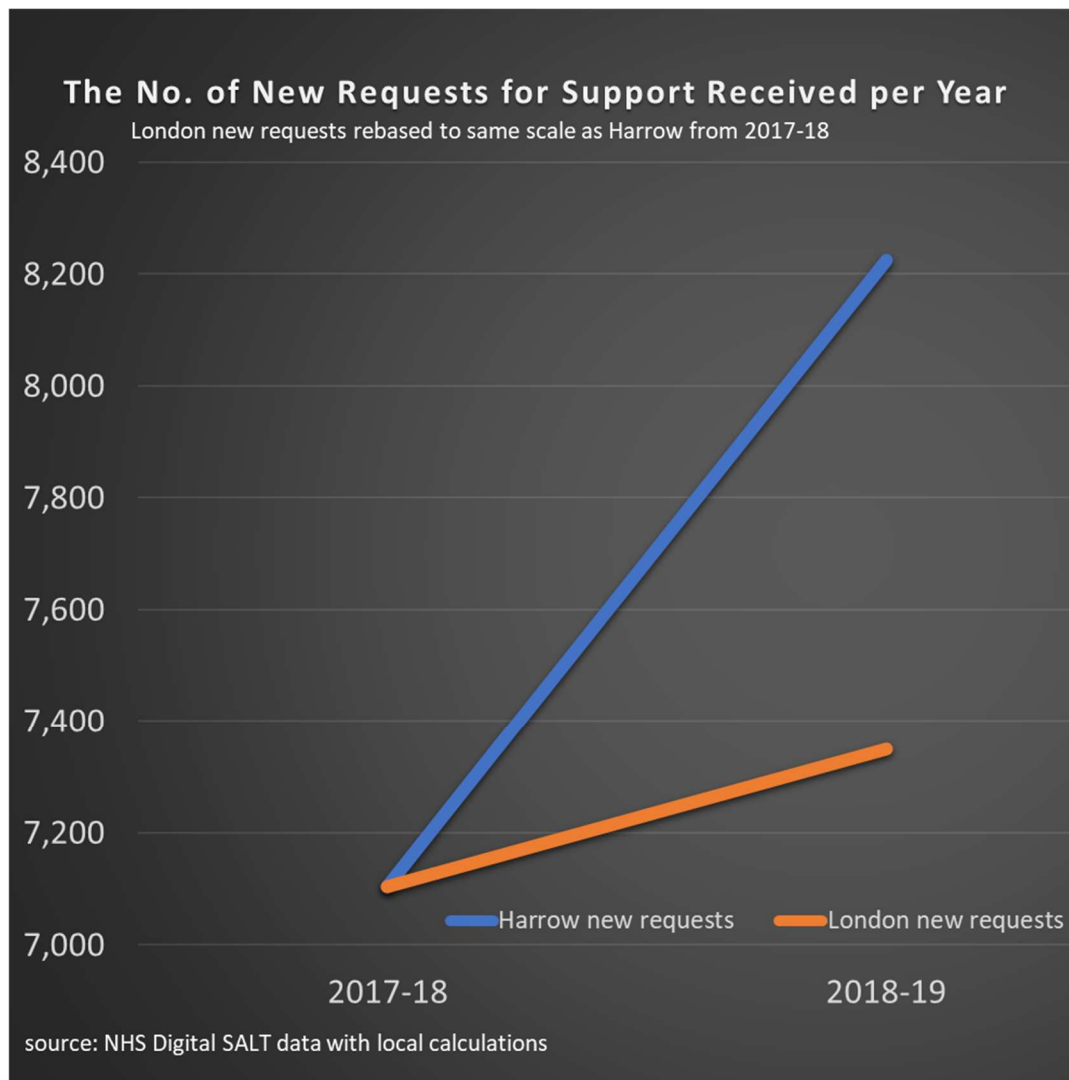


Angela Morris, DIRECTOR OF ADULT SOCIAL CARE, HARROW COUNCIL

We have a formidable set of challenges in Adult Social Care, including sustained pressure on our budget from increased 'demand' for services and greater complexity of need from citizens. The ethos of strength-based working with citizens has helped us maintain a balance between supporting our citizens safely, effectively helping us manage the money and ensuring we deliver good outcomes.

Adult social care faced large increases in requests for support from people not currently receiving services at well above the rate of change seen across London (Fig. 1 below shows the increases from March 2017 to March 2019 including hospital requests and partner agency mental health data).

Figure 1



A third of those contacts were “repeat requests” when citizens return on more than one occasion within 12 months. More and more people in the community were going on to receive long term care packages, reaching an average of 8.3 people per week by September 2018. Following a restructure that month and the establishment of an Early Intervention team this reduced to 7.2 people per week by March 2019 but was still considered too high. An innovation site in the Early Intervention team was therefore set up to start using Three Conversations.

Our First Innovation site

Supported by Partners 4 Change consultant Karen Wright



Starting Bids – KAREN WRIGHT, PARTNERS 4 CHANGE

Harrow had already restructured its community care management teams the previous September and generally this was felt to have been a success, putting more emphasis on early intervention and promoting independence. We were asked to take this further and began by sharing our story of hope and asking teams to bid to become the first innovation site.

Initially three potential bids supporting early intervention emerged, based upon how the teams had been previously structured. As staff then challenged their thinking and thought about what really mattered to people, one proposal emerged identifying the strength of working together.

The first Innovation site supported people with no existing care services in place. Effectively half of the ‘front door’ staff were to work with 3Cs, leaving the other half continuing to ‘assess’ citizens using the established approach. This meant radically changing many established ways of working.



‘Breaking’ the system – CAROL YARDE, PROJECT LEAD

Getting the innovation site ready to begin work meant solving many problems, including telephony. We were moving two of our contact centre staff into the innovation site to take calls directly from citizens so that no ‘screening’ was going to happen. I had social care calls re-routed to people’s desks in a different part of the building while ensuring call handling for all the other departments could continue. I also had to work out how to resolve issues relating to people working to different job descriptions and levels of training and experience. We did not want to allow handoffs to other teams and wanted each team member to stick with the person throughout. It helped that everyone had volunteered to work this way and we eventually could reward those who had worked ‘above their pay grade’. I also ensured there was administrative support for the team and arranged for an independent interviewer to help evaluate the work from the citizen’s perspective. Prior to the innovation site launch, two workshops were held with staff and colleagues from the Mosaic (database) team to brainstorm and identify what system changes needed to take place to facilitate the recording of Three Conversations.

Working together on the technical solution to record and measure the Three Conversations meant creating a new set of forms and a workflow process.



Co-producing a solution – ALLAN MEACHIM, ICT BUSINESS SYSTEMS MANAGER, PEOPLES SERVICES

I led the workshops to agree a viable way of recording the Three Conversations before the innovation site got underway. It was important to involve as many stakeholders as possible to determine the right solution was implemented within our social care information system (Mosaic). Key stakeholders included operational managers and front-line staff as well as colleagues within Finance and Business Intelligence. Our bottom-up approach aimed for simple, easy to follow forms that cut the number of questions and emphasised staff telling each citizen's story and how we were going to support them. It took some time to agree this as there were many ideas, but ultimately staff themselves signed this off with the appropriate assurance from Business Intelligence and Finance officers with compliance for local and national purposes. We actively maintained involvement following implementation of the new innovation site within reflection and leadership meetings. It was important to take a flexible approach in continuous improvement of forms and workflow based upon staff feedback and learning.

“As staff then challenged their thinking and thought about what really mattered to people, one proposal emerged identifying the strength of working together”



The Benefits of Weekly Reflection and Making it Happen

Reflection gave an opportunity for staff to check in on how things were going and what was working well or getting in their way. It's easy to focus on what's wrong with systems and default into the way we do things, but as confidence developed and staff began to get to know their communities there was a definite shift in how people were being supported, enriched by the collaborative approach to identifying opportunities. Staff are used to top-down instructions but within the innovation phase, there was an opportunity for innovators to say what worked or what needed to change. Within the Making it Happen sessions, issues were brought directly to the senior management group often with solutions and then resolved very quickly. System changes, movement of resources and delegated permissions were all acted on with a can-do approach. Staff felt listened to and valued the support of leadership at all levels.

Within a month or so the data started to show the number of Conversation Ones underway was increasing rapidly but many were not being completed quickly. This suggested the team responded well to new requests but couldn't work effectively with so many citizens at the same time. This was discussed in Reflection meetings and brought to the 'Making it Happen' managers meeting. An extra two staff members were then brought into the Innovation site to help and this quickly reduced the 'bulge' seen at Conversation One.



Get the Data out Quickly

Making data available immediately made it easier for management to see the need to take action and Conversations with citizens weren't delayed.

Brief phone calls with citizens whose Conversation had recently ended were conducted by an independent interviewer who asked “Were you treated well by the people you spoke to?”, “Did they help you? What worked well for you?” and “What didn’t work well for you?”. This feedback was vital in pointing out new issues that may not have been raised in Reflection meetings.



Examples of Early Negative Feedback from Citizens – INTERVIEWER

Some citizens explained that they felt as though the social services department is “too fragmented” and there is a “lack of information”. Everyone they have spoken to are doing separate jobs and there seems to be no clear communication between employees. It seems as though no one knows the “full picture”. Another said she was “going round in circles” and feels like she is “being bounced from person to person”. She mentioned that many people expect the Council to be the “glue” and rather than focusing on delivering a service they should focus on what the community needs. And someone else said “if a 41 year old woman is struggling to navigate through the system” then how do we expect old vulnerable people to contact social services for help?



Am I working differently? DAKSHA KARA, SENIOR SOCIAL WORKER

Initially when Three Conversations was introduced, I thought “I’m already doing strength-based practice by involving the family and other professionals so it’s nothing new”. However, upon reflection I was only making brief contact and not really taking the time in getting to know the citizen and their supportive network as I was led by a process of form filling. The Three Conversations model has definitely made me think and record in a person-centred way by allowing me to move away from the deficit model of ‘tick boxing’ to starting with a different conversation; building a story of what matters to the citizen and their supportive network, seeing them as the experts and not us. Using the citizens own assets and community resources I’m able to meet needs rather than just provide care.

By the end of the 13-week evaluation period comments still included some criticism but positive feedback was much more evident and individual staff members were starting to be complemented by citizens.



Examples of Positive Later Feedback from Citizens – INTERVIEWER

I reported to the Reflection meeting that “staff went above and beyond to understand the problems the citizen was going through”, a good proportion of citizens felt like they were listened to and treated well by staff. They understood the situation and did all they could to help, beyond expectations. They also carried out everything they said they were going to.

One of the ways the team was building its effectiveness was through developing a database of local organisations and groups throughout Harrow that may not previously have been well known or utilised. This discovery was done by the team themselves, initially on paper and later on a database. It takes time to develop but the knowledge can build into a powerful shared resource, going well beyond what can be found with a Google search.

As part of the wider Transformation Programme across social care Harrow was working on improving its website and information offer, working through the feedback received from its citizen and carer surveys and also recently published NICE User Experience guidance.



Working with NICE Recommendations

I was engaged in a scholarship with NICE to implement more of the recommendations from the User Experience Guideline (NG86). As I worked to encourage the take-up of recommendations into the Transformation projects it was apparent that the Three Conversations was very helpful in achieving this. Several of the Transformation initiatives combined to propel us in the right direction. For example, some of the supporting evidence from the NICE Guideline helped us look into how clients from a South Asian ethnic background may find navigating the social care system more difficult. This helped the work on re-designing the website and our thinking about the information needs of our citizens.

At the end of the first innovation period, a formal evaluation report was produced by the Project Lead, making significant use of the data we'd been collecting.

“Staff went above and beyond to understand the problems the citizen was going through”



Evaluation of the First Innovation site (September 2019)

The staff report that they enjoy and are motivated by using a strengths-based approach to their practice and do not want to return to the 'old' way of working. Staff have commented on how much they like using the revised forms and have asked if they can continue to use these. Colleagues in BIU report the number of new long term service users starting per week from the community has reduced from 7.2 to 6.1. Learning from the first Innovation site is that this project needs to be underpinned by a robust communication plan as some key colleagues and stakeholders were not aware of the project.

The first site had done so well it was decided to continue immediately to a second.

Our Second Innovation site

Expanding the 3Cs approach with new citizens

The second Innovation site brought together the other half of the community facing ‘front door’ staff into a joint team all now working with 3Cs. The first innovation site had by now worked for more than three months in this way.



Working Together – KAREN WRIGHT, PARTNERS 4 CHANGE

The first site had all the hard work of learning what it meant to be working within 3Cs, they developed knowledge about people’s communities, networks and influenced the development of systems. Whilst Site 2 had some advantages of what had been learnt from the first site, they did not take the opportunity to spend time with Site 1 to see how they were working. It was not until the leadership across both sites worked together that the culture started to change.

“It was not until the leadership across both sites worked together that the culture started to change”



Why does it work? – ABEDA SHEIKH, SOCIAL WORKER

The idea of not being handed over to different workers means less confusion for citizens who are already vulnerable and in a crisis situation. This means continuity for both the citizen and the worker. Holding and working intensively in C2 means less chance for care to become permanent and long term, if we work intensively and spend time to look for resources, that means spending more time building a better relationship and really getting to know the citizen and their needs.

By the end of March 2020, the formal innovation period for the first two Innovation sites was at a close. It was hoped we would see a clear impact in the full-year results.

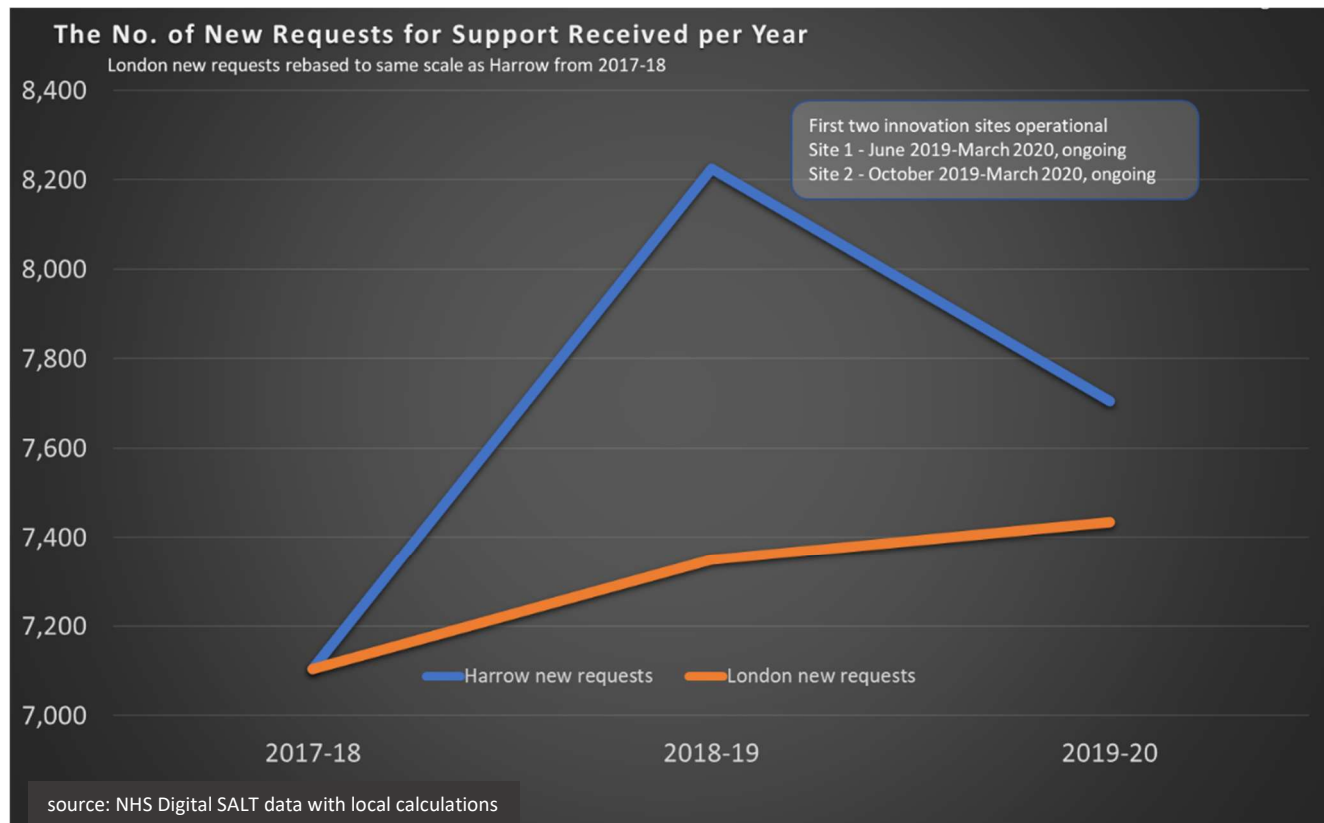


Year-End Results

We reported our full year social care data to NHS Digital in May 2020 which was then published in December 2020. The data presented below starts with the national statistics and then references our local records for further insights.

Harrow's results are compared with the other London boroughs in order to provide a useful comparison group and detect differences in trends versus the average. These figures also include hospital and other requests.

Figure 2



The data in Fig.2 shows that in the London region new requests for support continued to rise while in Harrow a large drop occurred during the innovation year. This is despite the innovation sites not being operational for the full year.

Local data confirms community repeat requests (people who after C1, 2 or 3 needed no long-term support but returned with a further request) fell from 33% to 25% - enough to account for the drop in new requests, suggesting that we are getting it “right first time” more often.



Why does it work? KATHERINE RAY, CARE MANAGER

So often, there is not a cut and dried need for care as such and the Conversation model works really well in these circumstances. It allows us to use a holistic approach and treat people as people, build up a relationship and help them work through their difficulties and needs in whatever area that may be.

Working in this way does require more time to be spent with each citizen.



Set Up to Succeed – CAROL YARDE, PROJECT LEAD

A staff restructure was instigated as a direct result of the team having piloted the Three Conversations and requesting to continue to practice strength based social work. This is one of a number of innovations which has been adopted to help to deliver the vision for Adult Social Care and to align resources to facilitate this delivery. The new structure allows for possible career progression in the form of three additional Care Manager posts and two additional Social Worker posts. For example, one of the contact centre staff from the first innovation site has now become a Care Manager.

Other data shows our use of formal paid for support dropped.

Figure 3

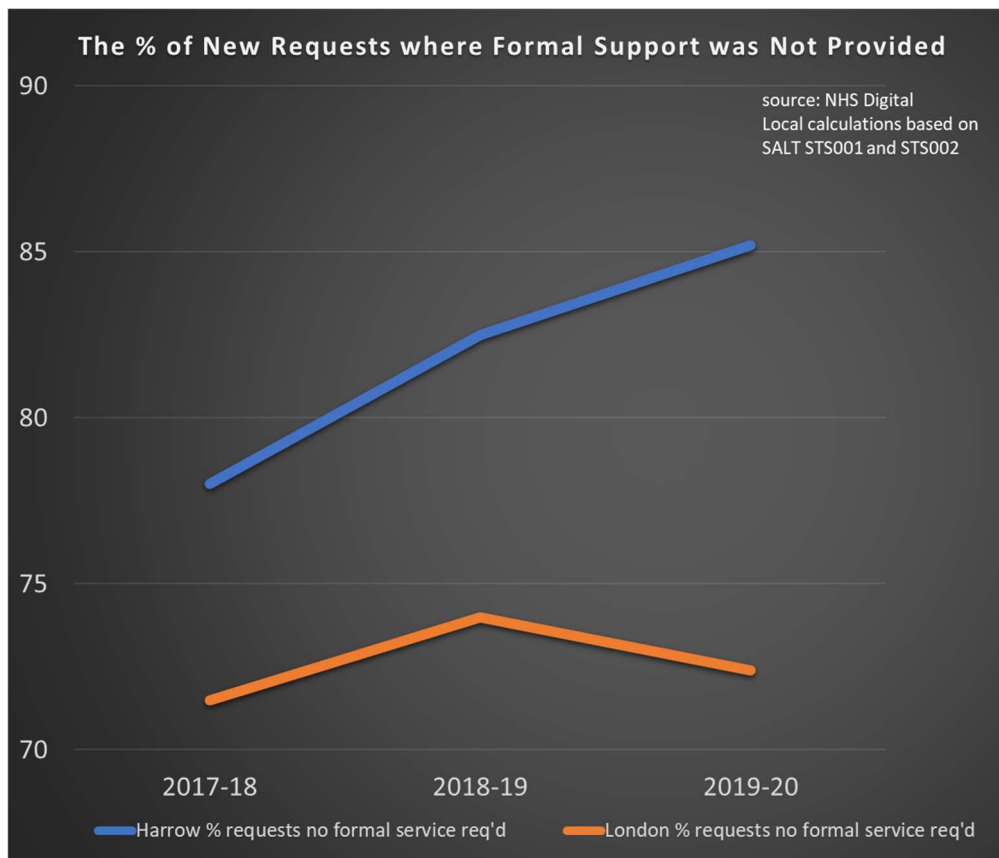


Fig. 3 shows people who requested help in London required formal support (paid for services) more often than in Harrow. During the innovation year (2019-20) the gap widened further, suggesting the approach taken in Three Conversations was relying less on providing services and more on providing *support*.

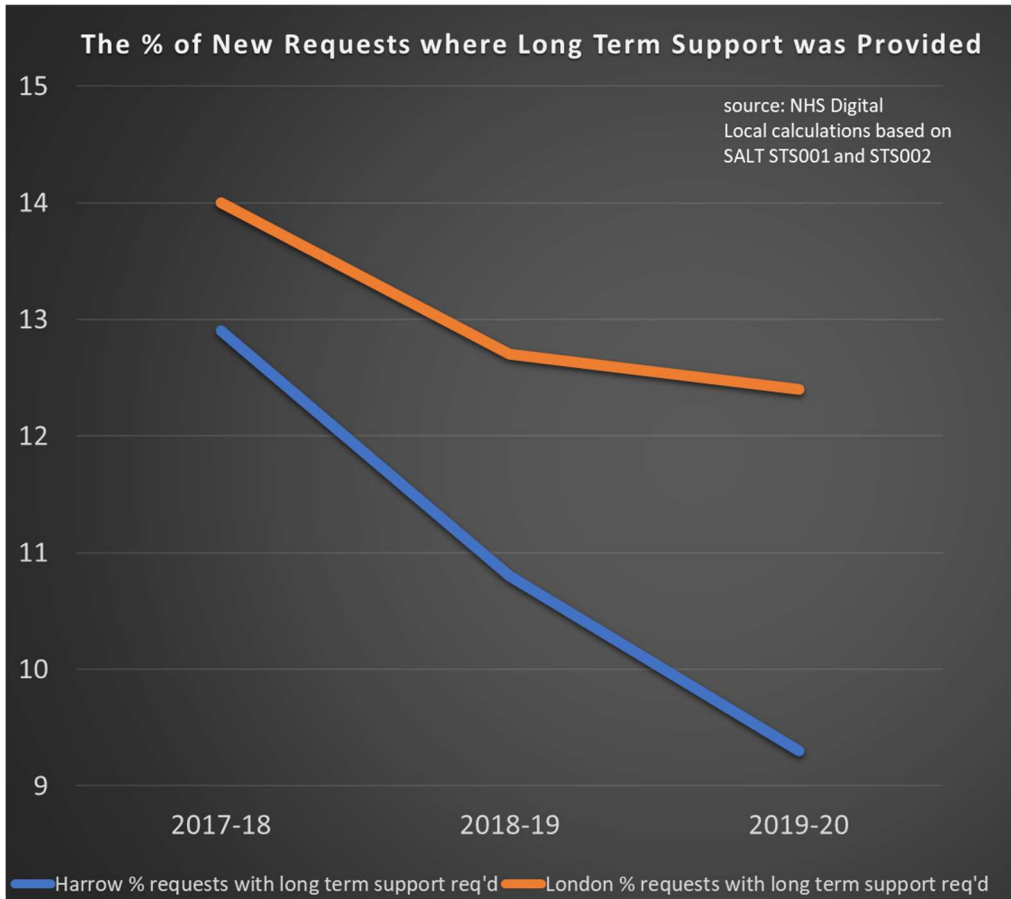


CITIZEN PERSPECTIVE (feedback received about “Tracy”)

My parents were no longer able to look after themselves. Tracy had taken time to understand my parents and the closeness of their relationship and it was clear that she wanted to explore all alternatives. With hindsight it is easy to see just what Tracy’s bravery in standing up and fighting until all alternatives had been fully explored has achieved, in this instance it has probably saved two lives. My parents are different people. They now live with us and with shared care, they are both sleeping well, eating well and already looking far fitter...

Fig. 4 shows what proportion of people requesting support received long-term ('Care Act eligible') support. Although the London region saw a modest reduction in 2019-20, the level in Harrow fell much further.

Figure 4



Local records for the community showed the number of new citizens going on to receive long term social care support for the first time fell to 5.5 people per week at the end of March 2020 (from 6.1 at mid-year and 7.2 back at the beginning of April 2019). An estimated £696k of costs were avoided from this part-year effect, with the Finance team estimating potential full-year cost avoidance of up to £1m.

“Use a holistic approach and treat people as people, build up a relationship and help them work through their difficulties”

These encouraging results from both innovation sites suggest citizens experienced better support with less reliance on formal services. It was hoped this success would then translate to those people with existing care and support.

Our Third Innovation site

Expanding the approach to citizens with existing care and support

The next Innovation site was very different, expanding Three Conversations during the Covid-19 pandemic.



Why this Innovation Site ? – VIRGINIA WILKINSON, HEAD OF SERVICE

Prior to implementing the Three Conversations model, we had a duty team whose job covered cases for all three Locality teams and were frequently overwhelmed by the volume of work on any given day. The team was not trained in strength-based practice and would generally commission increases without necessarily exploring what other resources may be available to citizens both within the community and within their own social networks. This resulted in additional expenditure for the Council and proved not to be a satisfactory service for citizens because they were sometimes subject to multiple handovers. Increasing the care provision was not always the answer to the presenting difficulty and on some occasions only made the citizen more dependent.

A complete change of approach was envisaged, away from “reviewing services” towards looking at people more holistically and connecting them to additional support that might prevent or delay further long-term needs developing. However, during the pandemic there were additional restrictions and pressures placed on social care staff, including;

- Remote working using old IT equipment, networks and software, hindering team work and communication with citizens in the early months
- Inability to visit people in their homes to see the context and support available, although improved IT later helped enable video calls in some cases
- Diversion of staff to emergency Covid welfare calls in addition to normal work

With most social workers and care managers working from home and issues with IT connectivity, a smaller scale launch might have been expected.



Should I Innovate across the Whole Service ?

Whilst there was some scepticism on whether taking a whole service approach would be successful, on reflection I felt this was the right decision because it meant that everyone took the journey together and could learn from each other and share crucial information.

The Locality Teams therefore formed one large Innovation site, with no duty team and planning all “reviews” to start from Conversation One (getting to know the person again).

The Innovation site was scheduled to run for 13 weeks but was extended for an additional month because the changes were taking longer to embed than was initially expected.



Becoming a Champion

Initially staff were quite fixated around the workflow process and less inclined to talk about the implementation of the model. Employing a “3C’s champion” assisted staff in feeling more confident because they had an experienced practitioner to contact who could act as a conduit between staff and senior managers. In order for staff to feel able to speak freely, senior managers were not present during the reflective meeting sessions.



I became the 3Cs Champion – DAKSHA KARA, SENIOR SOCIAL WORKER

I felt very proud of how the staff embraced the 3C’s whilst working virtually and carrying out conversations mainly over the telephone. I also felt valued when staff contacted me outside of the weekly reflection meetings for guidance and support. I do believe that being employed as a frontline social worker helped with building a positive working relationship with the staff, as staff often commented on how they felt I understood their views and trusted me to act as a voice for them when attending management meetings.

Reaching conclusions about the impact of the changes took longer than in the first two innovation sites because it could take a month or more to commission changes to the long-term support following the end of a Conversation.

By the end of November 2020 four months of activity could be compared between the old and new ways of working.



Measuring the Impact

We included both ‘planned’ and ‘unplanned’ reviews as both were the core work of the Locality teams. Because there’s a support package in place with a cash value we could look at how the costs of care changed following the Conversations. We had four months of data immediately prior to the Innovation site for comparison, during the first wave of the pandemic. We didn’t include data when care was suspended or cancelled (before or after the Conversation, e.g. because of a hospital stay) because the results are ambiguous without looking into the details of each case. We also didn’t want to include anyone who had sadly passed away as a “cost-saving” but to focus on trying to measure the impact of the Conversations themselves. The key measure was the average change in gross weekly long-term care costs, taken a day prior to the conversation starting and 30 days after the conversation finished (giving time for changes to care to be implemented).

“A 3C’s champion assisted staff with feeling more confident because they had an experienced practitioner to contact”

The results can be seen in the Tables below.

Table 1a – Citizens with Covid (source: local records)

Impact of Conversations Completed compared to old Reviews				COVID-19
Aug-Nov 2020	Innovation Site	With Covid+ citizens	Average Change in Level of Care per client	Approx. impact on full-year social care budget
Conversations with Covid+ citizens		88	-£24	-£46,000
Increases to long term care		5		
Decreases to long term care		3		
No Change		29		
Work still ongoing		45		
Excluded due to suspensions, etc.		6		
Apr-Jul 2020	Old Locality Team			
Conversations with Covid+ citizens		80	+£74	+£219,000
Increases to long term care		22		
Decreases to long term care		7		
No Change		28		
Work still ongoing		6		
Excluded due to suspensions, etc.		17		

The results above show that the Three Conversations approach resulted in fewer increases to long term care. Work with Covid-recovering clients even resulted in net savings on the care packages originally set up.

“The Three Conversations approach to reviews had resulted in fewer increases to long term care”

Table 1b – Citizens without Covid (source: local records)

Impact of Conversations Completed compared to old Reviews				NON-COVID
Aug-Nov 2020	Innovation Site	With non-Covid citizens	Average Change in Level of Care per client	Approx. impact on full-year social care budget
Conversations with non-Covid citizens		414	+£11	+£143,000
Increases to long term care		26		
Decreases to long term care		11		
No Change		215		
Work still ongoing		146		
Excluded due to suspensions, etc.		16		
Apr-Jul 2020	Old Locality Team			
Conversations with non-Covid citizens		462	+£19	+£353,000
Increases to long term care		99		
Decreases to long term care		27		
No Change		235		
Work still ongoing		3		
Excluded due to suspensions, etc.		96		

The results for citizens without Covid in Table 1b show fewer and smaller increases to care being made. Taking both 'Covid' and 'Non-Covid' work together, the old way of working would add more than £550,000 to annual expenditure (indicative because further changes might be expected in the subsequent 12 months) but under the Three Conversations approach less than £100,000 would be added. Although a lot of Conversations were still ongoing at the end of November, subsequent updates confirmed the savings, and the results have remained encouraging.

Why it Worked – KAREN WRIGHT, PARTNERS 4 CHANGE



They learnt how to have Conversation One and Two with existing people and take time to reflect on what needs to happen. Short-term changes arising from a crisis were now being dealt with in Conversation Two and what was formerly “duty” turned into an opportunity to have a conversation – hence a “conversation table” emerged rather than a duty desk. The pandemic brought about the need to think creatively about how to reach out to people and in doing so adopt a more flexible approach.



Taking a Collaborative Approach

Learning about a citizen's history, current wishes, future goals and aspirations meant that there was a collaborative approach to assessing care and support needs. By exploring a person's strengths, community and social networks, services – if they were required – were person-centred and targeted on what the citizen needed and wanted rather than on a social worker's assessment of what a person deficits were. There was also an emphasis on enhancing independence by considering options such as assistive technology solutions and the use of social prescribers facilitated a greater exploration of community assets and freed up social work time.

The third Innovation site proved innovative work could take place even during a pandemic, although Covid-19 obviously posed severe challenges for the people who use services, citizens seeking support, their families and staff.

The following section now considers some aspects of our experience with Covid-19 and looks at the possible impact.

The Impact of Covid-19

The challenge of working effectively during a global pandemic

Social care staff were unable to take phone calls directly from residents due to working from home and were initially were only able to use the telephone to call citizens back.



Impact of Covid? MAMTA RAM, TEAM MANAGER (Innovation #3)

Whilst working remotely staff found it more difficult to assess citizens emotional wellbeing and were also dependent on families/carers to gather information, but by week 12 with the help of team meetings, the workshops and supervision they had grasped the benefits of working in this way. We had some hurdles with accessing social prescribers and the voluntary sector but hopefully this should subside.

The first two Innovation sites faced significant new demands with 20% more requests being made by people in the community seeking support between April 2020-March 2021.



Impact of Covid?

The impact of the additional 20% requests for support was clear. Although the proportion of repeat requests remained lower (still getting things right first time) more conversations went to Conversation Three (16%, compared to 9% before the pandemic) and many more people needed long term services following their Conversations. The number of new people starting long term care and support increased from 5.5 people per week back to 7.2 people per week by March 2021. The higher number of requests is a big part of that but also remote working, limited voluntary sector support during the lockdowns, carer exhaustion and “long Covid” have also been suggested as likely causes.

Although the pandemic posed enormous challenges, it has also led to some positive developments.



Covid Response - SAM PROCTER, SERVICE MANAGER (Innovation #2)

The new circumstances have had two effects. Social care team members have pulled together to support each other (the crisis seems to have driven that in the right direction). The community has been much more supportive of vulnerable people in their midst so getting cooperation and more active support of family, neighbours, friends etc. has proven easier than in the past.



Covid Response – ANGELA MORRIS, DIRECTOR OF ADULT SOCIAL CARE

The Three Conversations approach has been the glue that has helped us stay focused during the response and recovery stage of Covid-19. It has enabled us to keep our attention on really listening to what is important to our citizens and finding different ways of working, and positive community solutions. It has also opened up a dialogue with our health and voluntary sector colleagues which has helped strengthen the partnership.

“It has opened up a dialogue with our health and voluntary sector colleagues which has helped strengthen the partnership.”

Top Learning Points

Summary and suggestions from our experience.

Looking back, there are a number of factors that we can share.



What Helps 3Cs Work – KAREN WRIGHT, PARTNERS 4 CHANGE

In my view it has been;

- the support of the leadership team in being prepared to take risks and listen to staff
- the Mosaic team and their can-do approach to identify how the system can support staff
- gathering evidence through data and interviews to identify the Harrow story
- the investment from Harrow in the 3Cs Champion role to support and mentor staff

My role was to bring the approach and challenge current working practices with that healthy appreciative enquiry – staff didn't have to believe in what I said (e.g. not to turn the entire Locality team into one big innovation site) and they worked hard to prove that I could be wrong.



What Helps 3Cs Work – SHAUN RILEY, ASSISTANT DIRECTOR

I would argue that Three Conversations is best developed by practitioners and not managers. The role of leadership is to help dismantle any forms of bureaucracy that will stifle the practitioners' innovations as well as to help provide tools to aid improved outcomes.



Why Does 3Cs Work – DAKSHA KARA, 3Cs CHAMPION

This role has provided me with immense job satisfaction, especially in reclaiming social work values, ethics and practice as the 3C's has supported moving away from a lengthy deficit and prescriptive model of assessing to really engaging and having deep, meaningful conversations with citizens and their families. The 3C's has also highlighted the importance of joint collaboration with citizens, families, communities and organisations.

Suggestions

- **Solve practical issues (such as telephony) before you start** to allow staff to focus on the new way of working
- **Co-produce new database forms and technical solutions with staff**, emphasise having free text and fewer tickboxes

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- **Work out how to report data from your innovation site soon** (2-3 weeks) after starting. Get the data right first time to build trust and ensure there's **commitment to act on what you find**
 - **Be prepared to change the structure of the innovation site** and give it the additional resources it needs, closely monitoring the data for signs of increased demand or reduced effectiveness
 - **Communicate what you're doing widely** to other professional colleagues
 - **Seek feedback from some of the citizens you've worked with**, ideally by someone independent and qualified to talk to people in difficult circumstances
 - **Benefit from weekly reflections on practice** among the whole team, sharing experiences, using data and citizen feedback
 - **Consider employing a 3Cs Change Champion** to help build the approach and support practitioners with a peer for guidance and source of expertise

What's Next ?

How will Harrow take Three Conversations forward ?

Expansion will include the Occupational Therapy service, Sensory Support team, the Hospital Social Work and Promoting Independence team (who also support people out of hospital). In addition we are supporting our mental health (Section 75) partners with their own initiative and exploring a new approach in the Children and Young Adults with Disabilities Service and Learning Disabilities Teams.

Home visits to citizens have become possible again and community support services badly affected by Covid will re-open, but there will be challenges for some time to come including the need for remote working by staff. The Business Intelligence Team will continue to use the data collected to support and further roll out the approach.

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