



# The Three Conversations<sup>®</sup>

CQC Assessments of Local Authorities

Partners4Change

CQC Assessments v.1.1 April 2024

by Jonathan Kilworth and Sam Newman

Contact: [Sam@partners4change.co.uk](mailto:Sam@partners4change.co.uk)



# INTRODUCTION

Partners for Change holds Partnership events bringing together our partners past and present for some networking and joint learning. In November 2022 we discussed the CQC Assessments being introduced for local authorities. This gave an opportunity for learning how partners planned to use evidence from their Three Conversations work towards meeting CQC's Quality Statements. This document builds on those insights with some further thoughts from P4C and updates from published materials.

Each CQC Quality Statement (including the "We" and "I" statements) is considered from a Three Conversations perspective. If you've been using 3Cs in your authority, this may be helpful in framing your own self-assessment and other "IRs" (CQC Information Requests).

The familiar 'golden rules' for innovators in 3Cs are copied below. Encouragingly these appear to be very much in line with what 'good looks like' in the CQC framework.

## FOR INNOVATORS

## **RULES**

- **We are not the experts** in people's lives – people and families are
- **Stop assessing/reviewing people for services** and start listening even more carefully to what matters – to gain real understanding (this what we believe the Care Act means by 'assessment').
- Always start conversations with the **assets and strengths** of people, families and communities
- We must know about the **neighbourhoods and communities** that people are living in
- Always **work collaboratively** with other members of the community support system
- **No hand-offs, no referrals, no triage or screening, no assumption of waiting lists**
- Always get the most from Conversations 1 and 2 before thinking about Conversation 3 and test your thinking out with colleagues first – **never have Conversation 3 with people you don't know**
- **Stick to people like glue during Conversation 2** – there is nothing more important than supporting someone to regain control of their life
- **Never plan long term in a crisis** - work at helping someone get through the crisis

The description of Three Conversations in this document is drawn from 'Learning Through Innovation' which outlined the approach P4C takes and is also available on our website (link on the final page).

We believe that local authorities who have implemented these ways of working will be in a very strong position to meet CQC assessors with confidence and provide a wealth of evidence pointing to impact and good practice. Some examples we've analysed from published evidence are given in the 'Results from Our Partners' document also available on the website (and linked to on the last page). Similar evidence of impact will also have been collected in the 3Cs evaluation that we encourage every organisation to conduct for themselves at the end of each phase of innovation.



# HOW THIS DOCUMENT WORKS

## ON EACH PAGE

Each page focusses on **one aspect of quality** from each theme of the assessment.

This box shows which Theme/Section

Each page gives the 'We' and 'I' statements for that section. We have noted that for some 'We' statements CQC provide no corresponding 'I' statement.

Each page shows how P4C thinks about the ways in which Three Conversations demonstrates and **goes beyond** the requirements, taken from our work with than fifty local authorities over the past ten years.

The CQC pages at <https://www.cqc.org.uk/local-systems/local-authorities/assessment-framework> give more detail on how the statements relate to the Care Act as well as the sources of evidence they will use. For a quick recap on the legal (Care Act) basis of Three Conversations please check the Resources page <https://partners4change.co.uk/resources/> of the P4C website.

## ON THE FINAL PAGES

CQC will need evidence of how a local authority is meeting the quality statements so we have summarised sources of evidence that are typically produced through the Three Conversations approach. If you're a 3Cs Authority you may well have more.

We have also referenced all the additional source material used for this document.

## Theme 1: Working with people

### Assessing needs

Supporting people to live healthier lives

Equity in experiences and outcomes

Theme 2: Providing support

Theme 3: How the local authority ensures safety within the system

Theme 4: Leadership



**We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.**

**I have care and support that is co-ordinated, and everyone works well together and with me.**

**I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.**

## CQC Summary

People with care and support needs, including unpaid carers, those who fund or arrange their own care and communities have the best possible wellbeing outcomes. This is because:

their care and support needs are assessed in a timely and consistent way

assessments and care and support plans are co-produced, up-to-date and regularly reviewed

support is co-ordinated across different agencies and services

decisions and outcomes are transparent.

People's care and support reflects their right to choice, builds on their strengths and assets, and reflects what they want to achieve and how they wish to live their lives.

## P4C Perspective

We emphasise the importance of listening to what matters most to people in living their chosen life (**GOLDEN RULE**) and ask you to always start conversations by looking at the assets and strengths of people, families and communities. (**GOLDEN RULE**)

People are responded to as quickly as possible and Conversation 1 is used to listen carefully to what matters most and to get them connected to other people, organisations and support systems who can help. Innovators always check to make sure these connections work effectively.

There's no acceptance of the inevitability of waiting lists - we emphasise finding ways to get to people quickly (**GOLDEN RULE**) or using 3Cs to tackle waiting lists differently. No Handoffs (**GOLDEN RULE**) means we take responsibility for support being properly co-ordinated.

We always highlight the importance of relationships between social care staff and their partners in other teams, inside and outside the Council (**GOLDEN RULE**). The innovation site lead helps build better links with partners and acts as a key liaison for others in the organisation, leading to the permanent removal of silos or barriers to better partnership working.

We encourage peer support, shared learning, exploring new solutions, joint working, transparency and accountability.

## Our Partners Said

We don't assess and judge but introduce ourselves and say, "How are you today?". We work closely with our connectors such as care agency providers, voluntary and health colleagues to give the best possible support to people. We can use the stories of difference to evidence how responsive and caring we have been in our intervention. (from P4C Workshop)

## Theme 1: Working with people

Assessing needs

**Supporting people to live healthier lives**

Equity in experiences and outcomes

Theme 2: Providing support

Theme 3: How the local authority ensures safety within the system

Theme 4: Leadership



**We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce future needs for care and support.**

*I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.*

*I am supported to plan ahead for important changes in my life that I can anticipate.*

## CQC Summary

The local authority works with people, partners and the local community to promote independence and support people to prevent, reduce or delay the need for care and support. It does this by providing or arranging provision of services, facilities, resources and other measures.

The local authority takes steps to identify people with needs for care and support that are not being met.

People in the area have access to the information and advice they need to make informed decisions about how to meet their care and or support needs.

## P4C Perspective

We recognise the importance of “prevent reduce delay” in the use of Conversation 1 and 2 (**Golden Rule**) and connecting people to what matters most, providing support in the short term when things are unstable. We collect data to show how we are preventing, reducing and delaying the need for formal care.

We stress the importance of innovators knowing more about the local areas in which innovation sites operate (**Golden Rule**) in order to better connect people to support that will help. We emphasise finding out what really matters to people rather than rushing to an assessment for services which might unintentionally *create* dependence. (**Golden Rule**)

## Our Partners Said

“That felt like a very different conversation, all about options!” (feedback from support worker after joint visit, Reading Council)

“Our conversations are now based on what people want to tell us and what they want us to know, not what we want to ask them. We still use the knowledge we have of people (and where possible we put together team formulations to share our understanding) but listening to what people say they need from us is more important.” (Cambridgeshire)

“We can show that people don’t come back as frequently” (evidence: % of requests made from new people previously seen within a period of time who were supported using only Conversation 1 or 2). (from P4C Workshop)

## Theme 1: Working with people

Assessing needs

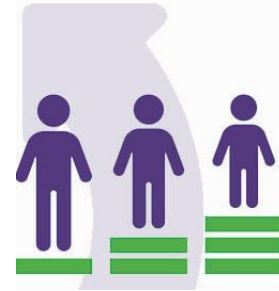
Supporting people to live healthier lives

**Equity in experiences and outcomes**

Theme 2: Providing support

Theme 3: How the local authority ensures safety within the system

Theme 4: Leadership



**We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.**

*I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals*

## CQC Summary

This quality statement covers:

Understanding and addressing barriers to care and support

Understanding and addressing inequalities in experience and outcomes

Ensuring care and support meets the diverse needs of communities

Ensuring people are encouraged to give feedback, which is acted on and used to drive improvements

Meeting legal requirements relating to equality and human rights. This includes:

avoiding discrimination

having regard to the needs of people with different protected equality characteristics

making reasonable adjustments to support equity in experience and outcomes

## P4C Perspective

We emphasise listening hard to discover everyone's unique needs, taking full account of their history and background **(Golden Rule)**

Three Conversations frees up time for innovators to get to know someone better and really understand how to help them achieve their unique aims for a good life (we avoid using the word 'outcome' as people themselves tend to think of 'wishes' and 'wants'). We are particularly interested in showing we can support people well who may have been excluded, labelled as 'hard to reach' or marginalised.

Brief follow-up interviews on how people and families experienced Three Conversations will be discussed through the regular Making it Happen meetings, which if acted upon will leave evidence in the form of meeting notes/actions reflecting this. Managers get new insights that can flow to those able to influence the local care market by recognising from what innovators report in 'stories of difference' what people and families need as they are connected to their local communities and organisations.

Language needs to reflect our ethical commitment to social justice. So everyone is encouraged to stop using words that de-humanise and no longer talk about 'service users' or 'cases', 'pathways' and 'journeys', 'allocation' and 'referrals', because we've learned that focusing on processing people rather than building good relationships with them doesn't work as well for anyone.

## Our Partners Said

"Somebody said, 'When I read the assessment for my mum, it just felt like her.' And so that's quite a telling thing in terms of practice. It wasn't about the service, or the support, or the money. It was about the personal approach that somebody had taken to understand what was important to them. (Principal Social Worker, quoted in Caiels, 2024).

"We have stopped using our 'access assessment' model to determine whether someone can use the team (i.e. whether they have a learning disability or not). If they want to talk to us, we will talk to them. We have not been deluged." (Cambridgeshire)

Theme 1: Working with people

**Theme 2: Providing support**

**Care provision, integration and continuity**

Partnerships and communities

Theme 3: How the local authority ensures safety within the system

Theme 4: Leadership



**We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.**

*I have care and support that is co-ordinated, and everyone works well together and with me.*

### **CQC Summary**

The local authority understands the care and support needs of people and communities. There is a good variety of care providers, provision is resilient and there is sufficient capacity to meet demand now and in future.

Local people have access to a diverse range of safe, effective, high-quality support options to meet their care and support needs. This includes unpaid carers and those who fund or arrange their own care. Services are sustainable, affordable and provide continuity for people.

### **P4C Perspective**

We encourage all staff to get to know the areas in which people live better, in terms of what's available locally in the informal care sector as well as more formal provision. **(Golden Rule)**

Three Conversations emphasises building stronger relationships with all the key people involved - with the people and families being supported, carers (both paid and unpaid), other organisations and staff from other departments. This will help ensure support needs and options for people and families are more widely understood.

Local Authorities using 3Cs will recognise more clearly what people and families need as they are connected to their local communities and organisations to help make their lives work better. Local support is shaped by what we hear when we really listen to what people need to get on with their lives, rather than shaped by our potentially narrow set of care and support options. These insights are shared with those able to influence the local care market.

### **Our Partners Said**

"It's also important that we are now establishing ourselves in community settings so people know where to find us, through drop-in clinics for example. Key to this is visiting and supporting the places that the community already uses, rather than expecting people to come to us." (Cambridgeshire)

"...there has been a definitive move to base innovation and change around distinctive yet locally moulded frameworks. These frameworks are the Three Conversations approach and the continued development of locality-based neighbourhood networks with the latter supporting relationships with the third sector and community organisations, making connections and facilitating the development of local support." (Fawcett et. al 2020, re: Birmingham)

"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." (Bath & NE Somerset)

"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." (Harrow)

Theme 1: Working with people

**Theme 2: Providing support**

Care provision, integration and continuity

**Partnerships and communities**

Theme 3: How the local authority ensures safety within the system

Theme 4: Leadership



**We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.**

**CQC Summary**

The local authority works actively towards integrating care and support services with services provided by partner agencies. This achieves better outcomes for people who need care and support and unpaid carers and helps to reduce inequalities.

Partnership working helps to ensure that care and support meets the diverse needs of individual people and communities. People experience a seamless care and support journey, and their support is co-ordinated across different agencies and services.

**P4C Perspective**

By learning and sharing knowledge about the local area where people live staff can recommend and help people connect to really specific sources of local support. Where staff don't know something they can bring a colleague into the Conversation and will never just 'signpost' people elsewhere (**Golden Rule**).

Innovation sites build collaborative working relationships with key connectors in other teams and organisations to develop a more coordinated approach to supporting people to live a good life.

3Cs authorities work with related organisations across Health, Housing, the voluntary sector and beyond to re-define relationships around the people in communities who need support. The expectation is collaboration, not an argument about who is responsible. By bringing partners in and working more closely the mutual benefits of this become obvious.

Innovators play their part by bringing together different professionals in a more coordinated fashion during their Conversations with people and families, to get the system working for people (**Golden Rule**).

After several phases of innovation it will be time to talk through some issues about systems, team structures, role profiles and relationships between teams and external partners to build a longer-term way of working that will support staff to continue to deliver great results.

**Our Partners Said**

"The Three Conversations approach has ... opened up a dialogue with our health and voluntary sector colleagues which has helped strengthen the partnership." (Harrow)

"We think this change has happened because we are seeing people early and quickly and connecting people to community support" (Reading)

"Recognition of the link between health and social care needs—and services... was reflected in interviewees' observations of an enhanced focus on relationships between health and social care colleagues and between health and social care agencies in relation to the implementation of strengths-based approaches. In one area, the appointment of a dedicated strengths-based approach lead—funded jointly by the local authority and the clinical commission group—was cited as an example of this shared commitment to its successful delivery." (Caiels, 2024)



Theme 1: Working with people

Theme 2: Providing support

**Theme 3: How the local authority ensures safety within the system**

**Safe systems, pathways and transitions**

Safeguarding

Theme 4: Leadership



**We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.**

*When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.*

*I feel safe and am supported to understand and manage any risks.*

### **CQC Summary**

Safety is a priority for everyone. There is a strong awareness of the risks to people across their care journeys. The approach to identifying and managing these risks is proactive and effective. The effectiveness of these processes is monitored and managed to keep people safe.

Care and support is planned and organised with people, together with partners, and communities in ways that improve their safety across their care journeys and ensures continuity in care. This includes referrals, admissions and discharge, and where people are moving between services.

The views of people who use services, partners and staff are listened to and taken into account.

Policies and processes about safety are aligned with other key partners who are involved in people's care journey to enable shared learning and drive improvement.

### **P4C Perspective**

Three Conversations work starts with a commitment that we will stop passing people around for someone else to deal with and start working with them until they're safe and their plan for a good life is working.

Innovators ensure that people and families aren't left to fend for themselves when moving through the care system. Staff collaborate closely with their colleagues to ensure the system itself doesn't introduce risk or cause harm.

Innovators use Conversation 2 when people's lives appear unstable or in crisis. They try and work out together what urgently needs to change, work together, bring in skills from other teams as required to form an emergency plan that they check is working, 'sticking to someone like glue' for a while and meeting the 'prevent, reduce, delay' requirements of the Care Act. Our commitment to 'sticking like glue' means we don't wait for a 'review' - we take responsibility to ensure that people are living well and safely and we are ready to act if this is not the case.

Innovators listen hard to people and families so that we can help them take appropriate, considered risks in order to live a good life. By bringing in other professionals to support conversations risks from a variety of perspectives can be considered. Innovators liaise with partners such as the Police when there is suspected abuse.

We encourage peer support, shared learning, exploring new solutions, joint working, transparency – including making brief follow-up interviews with people and families and acting on these a normal part of how things are done.

### **Our Partners Said (examples from the P4C workshop)**

Making it Happen groups create stronger links between front line staff and strategic managers helping raise and remove practical barriers to safe working (evidence: notes and action logs from MIH meetings)

Frequent huddles give workers access to more immediate support and advice from colleagues, sharing risks (evidence: notes, frequency and attendance levels at huddles)

Theme 1: Working with people

Theme 2: Providing support

**Theme 3: How the local authority ensures safety within the system**

Safe systems, pathways and transitions

**Safeguarding**

Theme 4: Leadership



**We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.**

*I feel safe and am supported to understand and manage any risks.*

## **CQC Summary**

There are effective systems, processes and practices to make sure people are protected from abuse and neglect.

Section 42 safeguarding enquiries are carried out sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre. People can participate in the safeguarding process as much as they want to.

There is a clear understanding of the key safeguarding risks and issues in the area and a clear, resourced strategic plan to address them.

Lessons are learned when people have experienced serious abuse or neglect and action is taken to remove future risks and drive best practice.

People are supported to understand safeguarding, what being safe means to them, and how to raise concerns when they don't feel safe, or they have concerns about the safety of other people.

People are supported to make choices that balance risks with positive choice and control in their lives.

People are supported to understand their rights, including their human rights, rights under the Mental Capacity Act 2005 and their rights under the Equality Act 2010.

## **P4C Perspective**

People are kept safe by close working with peers and partners who now refuse to simply pass people around the system for someone else to 'deal with'. Plans for people are made quickly and innovators check that the plans work for them.

With our support innovators try and get the system working for people, which is inherently safer for them. People are often grateful for this different approach and whenever we ask them what they are grateful for they say they appreciate really being listened to and understood. This includes talking to them about being safe and making positive choices.

## **Our Partners Said**

Conversation 1 & 2 are open to anyone without eligibility requirements so we get to see more people earlier, before their situation becomes urgent or unsafe. (from P4C Workshop)

"We meet weekly to discuss anyone who is having [Conversation 2] to check they're OK, to think about what else we can be doing, to see if they're ready for us to back off. These meetings are where we check that the decisions we're making are defensible, and that we're evidencing the use of professional judgement. This is where we challenge each other as to whether things we're putting in place are there for the person and their family. We look at risk differently – we are taking more risks, but always collectively with lots of reflection and discussion." (Cambridgeshire)

Theme 1: Working with people  
Theme 2: Providing support  
Theme 3: How the local authority ensures safety within the system  
**Theme 4: Leadership**  
**Governance, management and sustainability**  
Learning, improvement and innovation



**We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.**

### **CQC Summary**

There are clear and effective governance, management and accountability arrangements at all levels within the local authority. These provide visibility and assurance on:

- delivery of Care Act duties
- quality and sustainability and risks to delivery
- people's care and support experiences and outcomes

The local authority uses information about risks, performance, inequalities and outcomes to:

- inform its adult social care strategy and plans
- allocate resources
- deliver the actions needed to improve care and support outcomes for people and local communities.

There are robust arrangements for the availability, integrity and confidentiality of data, records and data management systems.

### **P4C Perspective**

Innovation sites offer workers lots of autonomy together with much more accountability. We encourage transparency and accountability, replacing the traditional function of 'panels' and long-winded, form-based authorisation processes with frequent huddles and weekly Reflection Meetings. Innovators make decisions together in huddles and stand by them, bringing in whoever they need to ensure that the decision is the right one. They ask "what needs to change, who can help?" and seek support from managers and colleagues, using data collected about the innovation, such as "How many people have we helped this week?" "Which conversations proved most useful?" "How quickly are we getting to people?"

Partners4Change brings support with data, evaluation and support to management. We need technical colleagues to bring their commitment in making changes to systems and supporting regular requests for 'non-standard' data that can make all the difference to steering the innovations.

We learn together how to work more effectively. We bring people from all levels of the organisation into 'Making it Happen' meetings so we can all hear what's going on, what's changing and to look at evidence demonstrating the impact. These fortnightly sessions bring together senior managers and frontline practitioners to talk about the work being done in a collaborative and mutually supportive way. Here frontline staff do the majority of the speaking – describing their experience of listening, understanding and getting to help people quickly. Leaders and managers do the listening and learning and take shared responsibility for creating the environments in which this work can flourish. It is also important that innovators understand the pressures managers are under.

Collaborative Making it Happen meetings with well-collected data, compelling stories of difference and mutual problem solving underpin this different way of working.

### **Our Partners Said**

"The three conversations approach is 'data-driven' in that it requires the collection of data on a daily basis to ensure real-time evaluation and analysis of the impact of team activity. Both numeric and qualitative data is required to ensure accountability and to capture the learning for the future rollout of the model." (Norfolk)

Theme 1: Working with people  
Theme 2: Providing support  
Theme 3: How the local authority ensures safety within the system  
**Theme 4: Leadership**  
Governance, management and sustainability  
**Learning, improvement and innovation**



**We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.**

## **CQC Summary**

Learning from people's feedback about their experiences of care and support, and feedback from staff and partners is embedded throughout the local authority's work and it informs strategy, improvement activity and decision making at all levels. Coproduction is embedded throughout the local authority's work.

There is an inclusive and positive culture of continuous learning and improvement. The local authority has strong external relationships that support improvement and innovation. Staff and leaders engage with external work, including research, and embed evidence-based practice in the organisation.

There are processes to ensure that learning happens when things go wrong, and from examples of good practice. Leaders encourage reflection and collective problem-solving.

## **P4C Perspective**

People and families are asked whether innovators made a difference and innovators keep checking with each other what's being learned. Innovation sites collect evidence every day (both qualitative and quantitative) to try and answer the question "Are we making things better?"

After the innovations become established it's all too easy to slip back into 'business as usual' if the scrutiny and support arrangements put into place during the innovation phase are not made more permanent or if the changes that would support success are put off or thought to be "too difficult".

New relationships with partner organisations established during innovations should also be strengthened further. People and colleagues previously considered 'hard to reach' now need to be held close.

We believe the embedding of new language and values, the new culture and approach must continue. We strongly encourage Reflection meetings and attending the Making it Happen meetings to continue. This is because we've learned that this sort of activity is intrinsic to the success achieved. In constantly talking to one another in our team huddles, reflection meetings, collaboration with colleagues and partnerships with our key connectors, we learn all about what approaches (including formal care services) have worked well and what haven't.

Those staff using 3Cs will have learned how to work effectively, gathered evidence to demonstrate the difference they've made and reflected on their practice. Senior management will have given their commitment to continually monitor the wellbeing of staff and to build a culture of kindness and compassion.

Alongside permanent removal of barriers to better partnership working we also think an IT environment that more closely reflects this way of working will support continued, determined intolerance of old bad practices re-emerging.

## **Our Partners Said (Examples from the P4C workshop)**

There needs to be a robust mechanism for collecting feedback from people and families and we need to speak quickly to people and act on feedback. MIH Meetings are a way of management hearing what's working well but also learning where the challenges are. Evidence collected here of how quickly and well management responded by listening to staff – evidencing the learning culture – from action plans, minutes of meetings etc. Evidence of senior managers, leaders, principal SW attending with action plans noting the timescales things were achieved in.



# EVIDENCE

CQC have set out which published metrics they intend to use (see final page for link).

We recognise that in addition CQC will interview staff and give you the opportunity to provide documentary evidence of the claims being made about how you have achieved the Quality Statements outlined above. Rather than repetitively discuss 3Cs evidence for each section, we would suggest extracts from the following can be used in ALL sections.

## **People's experience (to supplement evidence from the formal surveys in all themes except Leadership)**

Use the;

- feedback obtained from interviews with people and families as part of innovation
- refer to Making it Happen or Reflection notes where this feedback was turned into specific actions
  - o refer to following meetings where the results of these actions was reported

## **Feedback from staff (may be especially useful in Theme 2 to complement the Skills4Care data)**

Your social care staff will have many things to say individually to CQC. But you can also use the staff surveys conducted during the innovation phase (and hopefully afterwards in a continued form) to point to how staff found working in this way and what the impact was on people they are supporting as well as on themselves

## **Processes (may help in theme 1 on 'assessment')**

You will have changed your processes to make 3Cs a reality. Point to the evidence you collected on timeliness ('did we get to people quickly?') and 'conversion rates' ('did fewer people than before need Care Act Eligibility to be checked?') as well as how using Conversation 1 and 2 has led to fewer increases in permanent care and support, more people being supported positively through community connections, providing specific information and advice about their local area etc.

For examples of real evidence that could be used, see the 'Results from Our Partners' document in the 'Why it Works' section of the P4C website and follow some of the references provided at the end. We also expect to produce a follow-up document with more evidence from both national and local sources, soon.

## **Feedback from partners (particularly relevant for Theme 4 - Leadership)**

We encourage you to find out what your partners (both inside and outside your organisation) think about how the change in approach has had an impact. Make sure to document this feedback in your evaluation at the end of each innovation phase and share it with CQC.

## **Outflow of insights from the innovations (useful for Theme 1 on Care Provision)**

As innovators have discovered new solutions, built new partnerships and worked more collaboratively, there will be insights of use to staff in commissioning and strategic planning roles. The Making it Happen meetings should be generating a set of evidence of what has been discovered, bringing those colleagues a new source of insight into how the needs of people and families are being met or need to be met in your area. Draw on the meeting notes and bring together a summary of what you learned.



# SUMMARY

We hope this document is helpful in identifying how widespread adoption of the Three Conversations in your authority will make evidencing the CQC Assessments considerably more straightforward by providing a ready supply of evidence. Staff and managers will be able to talk confidently to CQC Assessors about building partnerships and genuine collaborative working, having a focus on people and families and doing the right thing.

The changes seen are often not subtle. The examples given in the 'Results from Our Partners' document on the P4C website may be the most clear-cut but are not unique.

We've said it before and we stand by our assertion that adopting this way of working and focussing on kindness, listening to people and working out how to do 'the right thing' has repeatedly shown that this is better for people. They wait less, they stop being passed around and they tell us how much they enjoy really being listened to by people committed to help.

Our evidence shows that staff wellbeing and enjoyment at work significantly improve as they are trusted, supported and enabled to make a real difference – and their productivity (measured in people helped not forms completed) goes up.

Our evidence also shows that if you focus on doing the right thing rather than processing people through an eligibility and services 'factory' you create real money and time savings that can be reinvested in supporting people's lives.

This work is hard, but the impact can be profound.

Our approach gets results because in Three Conversations we listen, we do what we say we will do and we refuse to pass people around the system onto someone else's list - the merry-go-round stops here.

## Useful Links (checked in April 2024)

The following online links will take you to the source documents used to provide additional evidence in the sections above.

The CQC pages at <https://www.cqc.org.uk/local-systems/local-authorities/assessment-framework> give more detail on how the statements relate to the Care Act as well as the sources of evidence they will use. Specifically on evidence, see the following link;

<https://www.cqc.org.uk/local-systems/local-authorities/assessment-framework-local-authorities-detailed-metrics#assessing-needs>

<https://partners4change.co.uk/resources/>

The legal basis for 3Cs, plus the 'Learning through Innovation' outline of our methods

<https://partners4change.co.uk/why-it-works-2/>

'Results from Our Partners' and the Birmingham and Harrow work in more detail, including the Fawcett et. al (2020) paper

<https://partners4change.co.uk/videos/>

Read, hear and see what staff in partner organisations think

Bath & North East Somerset -

<https://democracy.bathnes.gov.uk/documents/s54500/3%20Conversations%20Update%20-%20Presentation%20Slides%20-%20Appendix%204.pdf>

Caiels et.al (2024) - Strengths-based Approaches—Perspectives from Practitioners -

<https://academic.oup.com/bjsw/article/54/1/168/7238457>

Cambridgeshire –

<https://www.communitycare.co.uk/2016/05/03/three-conversations-changed-way-social-work/>

and

<https://www.linkedin.com/pulse/keyworking-does-increase-dependency-ownership-sam-newman>

Norfolk -

<https://norfolkcc.cmis.uk.com/norfolkcc/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=0B75hijJtiT0Zce0WGE%2FOinLn9kloBY9%2BZuf5w6J7hMGCO2sep8MDw%3D%3D&rUzwRPf%2BZ3zd4E7Ikn8Lyw%3D%3D=pwRE6AGJFLDNlh225F5QMawQCtPHwdhUfcZ%2FLUQzgA2uL5jNRG4jdQ%3D%3D&mCTIbCubSffXsDGW9IXnlg%3D%3D=hFflUdN3100%3D&kCx1AnS9%2FpWZQ40DXFvdEw%3D%3D=hFflUdN3100%3D&uJovDxwdjMPoYv%2BAJvYtYA%3D%3D=ctNJff55vVA%3D&FgPIIEJYIotS%2BYGoBi5olA%3D%3D=NHdURQburHA%3D&d9Qjiiag1Pd9993isyOJqFvmyB7XOCSQK=ctNJff55vVA%3D&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJff55vVA%3D&WGewmoAfeNQ16B2MHuCPMRKZMwaG1PaO=ctNJff55vVA%3D>

Reading - <https://www.linkedin.com/pulse/reading-councils-experience-implementing-three-model-sam-newman>