

Adult Social Care Committee

Item No:

Report title:	'Living Well – Three Conversations' - a strengths-based approach to social work
Date of meeting:	4 September 2017
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services

Strategic impact

Strengths-based social work, delivered using the *Living Well* operating model will embed an enabling model of practice which focusses on helping individuals to achieve the highest possible level of independence, supporting them in the context of their own families and support networks. In doing so, the service will deliver the Care Act imperatives of 'preventing, reducing and delaying' the need for formal care services, ensuring that the Department meets its statutory duties in relation to the Care Act and does so in a sustainable way, within its prescribed budget.

Executive summary

Implementing a strengths-based approach to social work is critical for achieving the changes set out in the Promoting Independence strategy.

Living Well is a tried and tested operating model which provides the structure and tools to support and strengthen social work teams' capacity to deliver the strengths-based approach to social work. It has been adopted by the department, and its roll-out is one of the high priority activities for the year agreed by this Committee in July.

Strengths-based approaches emphasise wellbeing, and helping people to remain or regain independence using help available in their own communities and social networks first and foremost. This is a big shift away from the established 'care management' approach, common to most local authorities, which was introduced by the NHS and Community Care Act 1990. The latter is characterised by 'matching' people to a set list of services - predominantly residential care, day centres and domiciliary care.

Our goal is to reset social work and fundamentally challenge the old culture and ways of working, winding back the creep of bureaucracy that has gradually overtaken our social care teams. We need to ensure that the social care teams' focus and time-commitment is restored to the people they work with; all of which is necessary to achieve a sustainable model of social care and achieve great outcomes for people.

To support the implementation, the department is publishing a 'Practice Principles' booklet to enable staff to deliver consistent, reflective and strengths-based practice within the constraints of Departmental budgets. The six principles are set out at 5.2.

Recommendations:

Committee is asked to:

- a) **Agree plans to implement the Living Well - 3 conversations model.**
- b) **Agree to publish the Practice Principles booklet based on the six key principles at 5.2**

1. The Challenge

- 1.1 Norfolk County Council's Adult Social Care Department has undergone significant changes over the last six years. In common with most other councils, Norfolk has made

progress in adopting the personalisation agenda, leading the way in some aspects, and embedding the provision of care via personal budgets as our default 'business as usual' approach.

- 1.2 Similarly, the challenges of austerity have been tackled and mitigated to some extent by collaborative working with partners to minimise the impact of reducing budgets across both health and social care.
- 1.3 The Care Act itself has driven change across our services with its ambitious goal to promote 'wellbeing', whilst preventing, reducing and delaying the requirement for formal services.
- 1.4 Wellbeing itself is broadly defined in Care Act terms, going further than simply referring to good mental or physical health. It also points to the ability to be a citizen, a family member, an employee, and so on, and in this respect it shifts the requirement of social work practice well beyond the provision of formal services which clearly can't deliver these outcomes without an individual's community and social support networks coming into play.
- 1.5 The Department has achieved improvements in terms of its performance when compared to similar authorities across the country. For instance, whilst older people are still more likely to be admitted to residential care in Norfolk, particularly when being discharged from hospital, this figure has reduced – and thus, improved – during 2016. Similarly, the numbers of younger adults in residential homes exceeds those of comparator authorities but this has significantly reduced over the past 18 months.
- 1.6 Adult Social Care Committee agreed in July to recruit an additional 50 social workers. This followed a detailed analysis of patterns of social work and associated activity. This showed that the staffing establishment has not sufficiently kept pace with changes introduced by the Care Act, the changing complexity of workloads, and increasing expectations about discharge from hospital and admission avoidance.
- 1.7 The additional capacity, coupled with the new model, set out in this paper will be critical in addressing the backlog of work across teams as well as strengthening social work to ensure that people remain as independent as possible for as long as possible.

2 A Successful Environment

- 2.1 Shifting to a strengths based model of social work is an essential element of our strategy Promoting Independence. Strengths-based social work relies on social care workers having conversations which support people to live as independently as possible, enabling them to overcome crises, and reducing the need for dependence on formal services.
- 2.2 We do not underestimate the sheer scale and pace of the cultural shift required to eradicate waiting lists, fully embed the Care Act principles and achieve great outcomes for the people we work with in a way that is financially sustainable for the council.
- 2.3 With this, comes the recognition that social care staff need to be provided with the environment and tools to work differently.
- 2.4 Merely 'tinkering' with the complexities of our existing model of working is unlikely to deliver the level or pace of cultural change required, nor is it likely to allow space for workers to re-immense themselves into the community and work in a spirit of true partnership with less formal support systems.

- 2.5 A whole-systems approach is needed to ensure that the right level of intervention can be secured at the right time, underpinned by a culture that prioritises universal services and community solutions in the first instance.
- 2.6 To this end, the Department has begun work with an organisation called Partners4Change to implement a very different but well-evidenced and established operating model that is known as the 'three conversations' approach. For Norfolk, the Three Conversations model has been called 'Living Well'.

3 The Three Conversations Model (3Cs)

- 3.1 The 3Cs model was developed by Partners4Change who are a social care consultancy firm. Partners4Change work with local authorities to assist them to deliver on the promises of personalisation in the financially austere environment that they face.
- 3.2 The model has been demonstrated to deliver excellent quality outcomes and cost reductions in terms of spend on long-term, formal social care services.
- 3.3 The central tenet of 3Cs is to humanise our approach and shift social work engagement away from 'gatekeeping' for formal care where practice broadly conforms to 'assessment for services' to an approach based on three conversations as follows:-
- 3.4 Conversation 1
How can I connect you to things that will help you get on with your life – based on your assets, strengths and those of your family and neighbourhood? What do you want to do? What can I connect you to?
- 3.5 Conversation 2
When people are at risk – What needs to change to make you safe and regain control? How do I help make that happen? What offers do I have at my disposal, including small amounts of money and using my knowledge of the community to support you? How can I pull them together in an 'emergency plan' and stay with you (like glue!) to make sure it works?
- 3.6 Conversation 3
What is a fair personal budget and where do the sources of funding come from? What does a good life look like? How can I help you use your resources to support your chosen life? Who do you want to be involved in good support planning?
- 3.7 In implementing the model in the innovation site, there are a set of 'golden rules':-
- a) Always start conversations with the assets and strengths of people, families and communities
 - b) Always exhaust conversations 1 and 2 before having conversation 3 – and test this out with your colleagues
 - c) Never plan long-term in a crisis
 - d) No waiting lists, 'hand offs', 'triage', referrals or allocations. There is no compromise on this
 - e) We are not the experts – people and families are
 - f) Stick to people like glue during conversation 2 – there is nothing more important than supporting someone to regain control of their life
 - g) Listen hard to carers
 - h) Abandon 'assessments for services' as an activity – forever
- 3.8 The model represents a massive cultural shift for social care staff and in doing so, captures the essence of restorative approaches to social work practice. These are

exemplified by building and maintaining healthy relationships, resolving difficulties, and working alongside people rather than making decisions for them.

4 What makes 3Cs different?

4.1 Implementation of the 3Cs approach is managed very differently to traditional models of organisational change:-

- a) It is delivered incrementally on a team-by-team basis, learning what works well for a defined cohort of people and what is less effective
- b) It is not imposed by senior management. On the contrary, teams and individuals are invited to become involved and to volunteer as 'innovation sites' as the model is rolled out
- c) It strips back established processes, procedures and bureaucracy, restoring the focus and time to the people we work with
- d) It promotes an integrated collegiate approach where expertise is sought from other professionals, but the person is not subjected to 'episodic' working, being passed from worker to worker
- e) It removes the management of risk from the individual worker, allowing team culture to move away from a risk-averse approach, towards being ambitious for what can be achieved and focussing on the least restrictive option to maintain a person's independence
- f) Its tiered approach promotes proportionate assessment

5 Steps to support the model

5.1 Staffing

Evidence shows that investment in frontline social work staff results in better outcomes and manages demand for long-term services both in terms of formal social care services and health services. However, it is clear that strengths-based and personalised approaches take longer; Essex County Council's experience suggests up to 30% longer in terms of worker time. This Committee previously committed to support social work by the investment of £2.975m, which equates to approximately 50 social worker roles and 15 frontline management roles.

5.1.1 Each innovation site will be supported by staff from Quality Assurance, Intelligence and Analytics, Finance, HR, and Learning and Development. The intention is to maximise the opportunities for success of the sites and also draw as much learning as possible from them to inform the rollout of further innovations sites.

5.2

Practice Principles

The Department is publishing a 'Practice Principles' booklet to support staff to deliver consistent, reflective and strengths-based practice within the constraints of Departmental budgets. It is consistent with codes of ethics from British Association of Social Workers and College of Occupation Therapy. It sets out overarching practice outcomes which are:

- Promoting independence and wellbeing
- Ensuring available resources are used fairly
- Promoting people's choice and control
- Balancing risk with having a good life.

The six key principles are:

1. All staff will comply with the legal framework for adult social care (e.g. Care Act 2014, Mental Capacity Act 2005, Mental Health Act 1983).

We must always consider and promote an individual's wellbeing in everything we do, and practitioners' decisions may affect people's wellbeing. We must fully involve the person and their carer(s) in assessment and support planning.

2. Decision making (and recording) must be timely and defensible.

Our recording must evidence robust decision making and always include an analysis of why a decision has been made and why other options were not appropriate.

3. Alternatives to traditional care services must be offered.

We must work creatively with people to explore all the options available to them and support them to source alternatives to traditional care services.

4. Always aim for outcomes that aim to maximise independence, enablement and recovery.

Our intention should always be to support the person to be as independent as possible and reduce their reliance of formal care by working with the person, their family and providers to focus on recovery and personal development.

5. Consider value for money, effectiveness and efficiency at every opportunity.

The views of the person and their carers are central to any assessment or review.

We should support people to make choices within the resources available to them and help them explore all other options to promote wellbeing and meet eligible needs before proposing formal services.

6. Respect our safeguarding responsibilities throughout our work.

We must always adhere to the Norfolk Safeguarding Adults policy and recognise we all have a leadership role to take immediate action where practice falls short of our own standards.

6. Evidence and Financial Implications

- 6.1 The 3Cs model has been adopted by a number of councils across the country, notably Essex County Council, Reading Council and Medway Council.
- 6.2 The approach is underpinned by providing protected environments (or 'innovation sites') in which social care staff can work in a truly proportionate, strengths-based way, stripping back processes and bureaucracy to create capacity in the system.
- 6.3 Survey evidence suggests that workers' well-being, job-satisfaction and productivity rises, fostered by the opportunity for workers to innovate and lead the changes.
- 6.4 There is a growing evidence base demonstrating the benefits of strength-based approaches in delaying the need for formal care services which will drive savings in our purchase of care budget.
- 6.5 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.

- 6.6 The level of savings and speed to which they are delivered in Norfolk will be predicated on our ability to learn from our initial innovation sites and build capacity towards an expanded rollout. We will be conducting a full learning process after an initial period of the innovation site/s and it will be at this stage that we will be more informed about benefits realisation. The implementation of Living Well in Norfolk is seen as a major enabler and driver of our cost reduction requirements across 2017-21.

7. Recommendations

7.1 Committee is asked to:

- a) Agree plans to implement the Living Well - 3 conversations model**
- b) Agree to publish the Practice Principles booklet based on the six key principles at 5.2**

Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

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