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**REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 25 AUGUST 2022**

**SUBJECT: THREE CONVERSATIONS APPROACH**

**BY: HEAD OF SERVICE / CHIEF SOCIAL WORK OFFICER**

**1. REASON FOR REPORT**

1.1. To inform the Committee of progress made regarding the initial implementation of the Three Conversation Model within Health and Social Care in Moray (HSCM).

**2. RECOMMENDATION**

**2.1. It is recommended that the Clinical Care and Governance Committee considers and notes:**

- i) the impact of the implementation of the Three Conversations Approach thus far; and**
- ii) the future plans and next steps for this approach in Moray.**

**3. BACKGROUND**

3.1. In 2021 HSCM commissioned Partners 4 Change to support the implementation of the Three Conversations Approach; the rationale was to facilitate the change management required to deliver health and social care in an increasingly competing and demanding environment. This relationship-based approach uses three distinct conversations to understand what really matters to people and families, to work intensively and effectively with people in crisis and to support people to build a good life. **Appendix 1** provides a 3 Conversations visual.

3.2. The approach is underpinned by a set of values and principles which includes:

- Recognising that people and families are the experts in their own lives and that practitioners need to listen hard and use the resources and skills available to build on people's wishes and strengths, connecting them to the right people, networks and supports to help them live as independently as possible.

- Stop passing people around like parcels for someone else to deal with somewhere else in the system. Practitioners will start working with people as quickly as possible until they are safe and their plan for a good life is working.
  - Response in a crisis is critical. Rather than 'assessing people for services' in a time of crisis, workers will 'stick like glue'; eligibility and longer-term supports will not be considered until the crisis is over.
  - Our current health and social care system is process-heavy. This bureaucracy can be complicated and time-consuming and can actually be a barrier to the person getting the support they need when they need it. The 3 Conversations Approach focuses on reducing bureaucracy and streamlining processes so that practitioners can use their time and skills more effectively working directly with people and families.
- 3.3. To implement this approach, three innovation sites have been established; these are in the Hospital Discharge Team, the East Community Care Team and the Learning Disability Team. Practitioners within these innovation sites have been allowed to work differently using this approach to change and modify practice and the processes which support this. Each innovation site went through a process of co-design and presented a site proposal to the 'Making It Happen' Group (MIH), which is the governance body for this approach in Moray. All of the proposals were discussed and agreed by this group. Practitioners from the innovation sites attend a fortnightly MIH meeting to update the group on their work and to seek help with any barriers or challenges to the implementation of the approach.
- 3.4. Innovation sites are supported throughout the co-design process and the innovation period by consultants from Partners 4 Change. This includes weekly reflective meetings where practice and progress can be discussed and learning shared. Innovation periods generally last for around 13 weeks.
- 3.5. Throughout the innovation period, data and evidence has been gathered to allow evaluation of the impact of the approach. The raw data suggests that, across the three innovation sites since 18 April 2022, 371 people either referred into or already known to services have been seen and 403 conversations have been held and recorded. The innovation sites have not reached the evaluation stage as yet; formal evaluation will provide clearer data around this and will allow some comparison with the previous way of working.
- 3.6. As part of the innovation site, both the East Team and the Hospital Discharge Team have taken work directly from the Access Team waiting list – i.e. people who were unallocated and awaiting a Social Worker. In April 2022, the East Team took a total of 33 people, with a postcode within the east of Moray, from the low/medium waiting list. All 33 people have now been seen; one had been on the Access Team waiting list since May 2020. Of the 33 people, 12 needed no further input from Social Work following a conversation. At the start of the innovation period, the East Team had over 100 people waiting a review of their support. This number reduced by around 20 under the new way of working. The number of overdue reviews has remained static for some weeks now, mainly due to staff absence/holidays/other work pressures but it has not increased, and prior to the innovation sites, the number was increasing steadily.
- 3.7. The Hospital Discharge Team now have a process whereby if someone is admitted to hospital and they are on the Access Team waiting list (awaiting

allocation of a worker), they are seen by a worker from the hospital team and removed from the Access team list. Since 18 April 2022, 44 people have been removed from the Access Team waiting list.

- 3.8. Initial feedback from innovation sites indicates that workers are able to spend more face to face time with people; it is easier to achieve and maintain a person-centred focus; requests for support are being responded to more quickly; and time spent at a computer doing the bureaucracy has reduced. Workers have reported that the approach encourages and supports them to explore different options to support people other than formal/commissioned services, thus reducing reliance on these scarce resources.
- 3.9. Each innovation site meets in a daily huddle and there is clear evidence to suggest that these daily meetings are a positive development within teams. They allow for quicker and more responsive decision-making, greater autonomy and flexibility of approach. Another benefit has been improved peer support and a sense of team-working which practitioners felt had been missing since the introduction of home-working due to the COVID-19 pandemic. At evaluation time, all workers will contribute directly to the formal evaluation of their innovation site and as part of this they have been asked to submit confidential electronic questionnaires so that they are able to provide honest and direct feedback about their experience of the approach.
- 3.10. Feedback is also being sought directly from people and families who have been supported by practitioners from the innovation sites using this approach. This will form part of the formal evaluation but the initial indications are that people have had positive experiences; they have felt listened to, that workers understood them and that their choices and wishes have been respected and valued. There is also a sense from the feedback (**Appendix 2**) that informal carers feel valued and listened to by workers and that support provided is crucial in enabling them to continue in their caring role.
- 3.11. Challenges and difficulties highlighted by the innovation sites in implementing this approach include:
  - **Authorisation** - Social Workers being able to authorise budgets and support up to a set monetary amount was a goal set within the East and Learning Disability Team proposals to allow great autonomy and to reduce time spent by managers doing this. However, current organisational financial systems do not support this but work is underway with Finance to address these issues.
  - **Paperwork/recording** – New documentation has been developed on Care First which innovation sites have been using. These are very different to previous assessment forms. Although there are positives here (less cumbersome, quicker to complete, more person-centred) there are also some difficulties reported by those using it (does not suit all situations). Following the formal evaluation, work will be undertaken to review all paperwork and agree a format to take forward. The Three Conversations Approach operates on the principles of relevance and proportionality to reduce the amount of recording but it is acknowledged that this should not be to the detriment of professional standards and statutory requirements.

- **Infrastructure** – Innovation sites still work within the wider health and social care systems and processes and this caused tensions at times. The processes which support other roles and services, in conjunction with unprecedented system pressures, have meant the principles of the approach have had to be compromised and this has caused frustration with those trying to work differently. Work is underway to improve understanding of the approach and the necessary collaborative working.
- **Interaction between teams** - New processes and ways of working have had an effect on how Social Work teams interact and also how/when transfers between teams takes place. This has caused some challenges and difficulties, particularly between the East and Hospital Team innovation sites; discussions are continuing to address these issues

#### **4. KEY MATTERS RELEVANT TO RECOMMENDATION**

- 4.1. Although innovation sites have been within Social Work Teams, significant work has been undertaken to promote this approach within the wider health and social care network and to improve collaboration with partners. There has been evidence of success with regard to this within the Hospital Discharge Team and improved collaborative working with external partners (Quarriers, North East Sensory Services and Third Sector Interface Moray) which has helped to achieve better outcomes for people and families/carers. This work with partners and stakeholders needs to continue.
- 4.2. The East Team and Hospital Discharge Team are approaching the end of their respective innovation periods and are in the process of preparing their formal evaluations, supported by Partners 4 Change. These will be presented to the Making It Happen Group on 09 and 23 August respectively. The Learning Disability Team will also present a formal evaluation once their innovation period has ended (around the end of August 2022). Once these findings are known, learning will be taken and incorporated into future practice.
- 4.3. Partners 4 Change are soon to start work with the Access Team to co-design an innovation site within their service. This will have a focus on reducing and streamlining process and systems (screening, triage etc.) with the aim of getting to the person more quickly and hopefully avoiding the build up of waiting lists. The work undertaken by the East Team with new people being referred showed that often a quick solution can be found to avoid people waiting on lists because they are not seen as a higher priority. This also reduces the likelihood of people becoming embedded in services and systems at too early a stage.

#### **5. SUMMARY OF IMPLICATIONS**

- (a) **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Moray Partners in Care 2019 – 2029”**

The Corporate Plan 2024 “Adults and Older People” identifies supporting health and well-being through community-based activities as a priority with an emphasis on early intervention and prevention. The Three Conversation Approach has a strong

focus on early intervention and prevention and making best use of community resources. This report highlights the pressures on delivering this if the appropriate processes, systems and practice ethos are not in place.

The LOIP priority “Empowering and Connecting Communities” recognises that Moray has an above average number of older people and identifies the challenges around delivering services with limited resources, often in rural areas. An aim is to achieve the benefits experienced by enabling quicker access to health services and social opportunities for people. This report identifies that a new approach is needed to address these issues. The Three Conversations Approach has allowed HSCM to make a start on this change process but the momentum needs to be maintained.

Within the Moray Integration Joint Board Strategic Plan “Moray Partners in Care 2019 – 2029”, Theme 3 is identified as “Partners in Care; making choices and taking control over decisions affecting our care and support”. This is a strong improvement theme within social work practice and is embedded within the Self-directed support legislation and new standards. In order to achieve this, HSCM needs support to transform ‘old ways’ of working and ensure the renewed focus and direction provided by the Three Conversations Approach is maintained.

**(b) Policy and Legal**

As well as a means to facilitate change within health and social care, the Three Conversations Approach was also intended to be a means by which to implement the *Self-directed Support Framework of Standards* (Social Work Scotland), also outlined in the *HSCM Action Plan for Embedding the SDS Standards*. Moray is one of three test sites in Scotland undertaking this exercise. Again, the success of this will be considered as part of the formal evaluation process.

**(c) Financial implications**

There are financial implications if the support from Partners 4 Change is to continue beyond the agreed contract period.

**(d) Risk Implications and Mitigation**

There is a risk that without the support of Partners 4 Change, the progress made thus far in achieving change within the service will be lost. If HSCM are to continue this change management process on their own, then significant planning, preparation and resources will need to be available to maintain this momentum and mitigate risks.

**(e) Staffing Implications**

The impact on staffing levels and staff welfare as a result of the COVID-19 pandemic should not be underestimated. Each innovation site has experienced this at different times and in different ways but there is consistency of agreement that lack of staff availability has impacted the ability of the innovation sites to carry out the work as planned with a

resultant impact on people and their families. Some teams are operating with a number of vacancies and recruitment of staff across health and social care remains challenging.

**(f) Property**

The Hospital Discharge Team are currently trying to secure office space within the Dr Gray's Hospital site to improve the response times and re-activeness of the team when working with people in hospital.

**(g) Equalities/Socio Economic Impact**

An Equality Impact Assessment is not required as there will be no impact, as a result of the report, on people with protected characteristics.

**(h) Climate Change and Biodiversity Impacts**

No climate change or biodiversity impacts have been identified with regard to this recommendation.

**(i) Directions**

None arising directly from this report.

**(j) Consultations**

Consultations have taken place with the following staff and their views have been incorporated into this report:

Charles McKerron - Service Manager (HSCM)

Jane Mackie - Head of Service / Chief Social Work Officer.

Tracey Sutherland, Committee Services Officer

## **6. CONCLUSION**

**6.1. It is acknowledged that health and social care services and systems continue to face unprecedented pressures as a result of increasing demand and more recently, the impact of the COVID-19 pandemic. The delivery and design of services needs to change to respond to this competing and demanding environment. The Three Conversations Approach was commissioned by HSCM for this purpose and although some progress has been made through the work of the innovation sites, challenges and barriers remain. It is perhaps too early to draw conclusions from this innovative piece of work. Further information from the formal evaluation of the three existing innovation sites is required in order to inform longer-term planning and decision-making.**

**6.2. Partners 4 Change continue to work with HSCM to support the existing innovation sites and further innovation sites are planned. However, this support is time-limited so provision will need to be made within HSCM to continue the support of this change management if their involvement is to end. There appears to be a clear message from the majority of staff within the innovation sites that they do not wish to return to the 'old way' of working whilst acknowledging that further changes and improvements are required.**

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Background Papers:  
Ref: