HEALTH AND SOCIAL CARE SCOTLAND

Embedded and emerging good practice in health and social care

Aligned to the *Framework for Community Health and Social Care Integrated Services*

Health and Social Care Partnership: Edinburgh City				
Author and contact details: Nikki Conway (nikki.conway@edinburgh.gov.uk)				
Name of good practice: Three Conversations				
Select (x) all areas that apply to your good practice (select more than one if applicable)				
CLIENT GROUP	Children and young people		Older adults	x
	Younger adults	x		
SETTING	City	x	Remote & rural (incl islands)	
	Corporate		Urban	x
SERVICE AREA	Addictions	x	Management team	x
	Admission avoidance	x	Mental health	x
	Community care services incl care at home/care homes	x	Physical disabilities	x
	Day services		Physical health	x
	Housing incl Homelessness		Primary care	
	Intermediate Care incl Hospital at Home		Rehabilitation	x
	Justice services		Social care services	x
	Learning disabilities	x	Supported discharge	x
	Other – please specify			
ELEMENTS of FRAMEWORK	Anticipatory care planning		Live independently at home or in a homely setting	
	Assets based approach	x	Manage own care	x
	Connect with communities	x	Reablement	
	First point of contact		Seamless working with acute	
	Enhanced care in care homes / supported accom		Short term targeted interv to meet more complex needs	
	Fully integrated community teams		Teams aligned with general practice	
	Other – please specify			
ENABLERS	Agile working	x	Information sharing	x
	Aligned plans	x	Infrastructure	
	Clarity of vision	x	Management information	
	Clinical and care governance		Shared accountability	x
	Collaborative leadership	x	Strong team ethos	x
	Culture and values		Technology	x
	Fit for purpose premises		Well-developed lead professional roles	x
	Improvement capacity	x	Well-developed relationships	
	Other – please specify			

Edinburgh City HSCP	
Three Conversations	

SITUATION	• Care Inspectorate report of 2016 and subsequent progress review of 2018 recommended multiple areas for improvement including assessment and review processes, culture and staff training and support
	• High waiting lists across all services – increasing people waiting and wait times for assessment were also long
	• Culture of bureaucracy, stagnation, process-driven rather than person-centred, driving a lack of joined-up working between professionals
	• Lack of real integrated practice, with acute services making prescriptive referrals to social care rather than a partnership approach to a person's journey
	• Practice was deficit-based rather than strengths-based
	• Staff morale low, staff reported feeling burnt out
	• Budget deficit, high cost of services
	• Relationships with third sector and community partners needed to be strengthened
	• Edinburgh Integration Joint Board (EIJB) approved a radical Transformation Programme to address these factors across a number of keystone approaches:
	  ○ Adoption of a Home First approach
	  ○ Spreading of the Hospital at Home model
	  ○ Review of the bed base to ensure appropriate, fit for purpose accommodation and models of care
	  ○ Shift to the Three Conversation (3C) approach across services as the way of working alongside people, rather than 'doing to'

ACTIONS TAKEN	• 3C focuses on person-centred, strengths-based practice, and backs that up with an emphasis on reducing bureaucracy and increasing peer support for staff. • Partners4Change (P4C) were contracted to work with us in developing our Edinburgh approach in introducing the 3Cs • Prevention and early intervention is a key goal of the approach, which leads to reduced costs and a reduction in purchased services while supporting people in their independence and in directing their support • 3C was introduced to EHSCP via innovation sites, which are small teams introducing and working within the principles of 3C. These teams are supported and mentored by P4C, the practice lead officer and project support, and enabled by senior management to innovate where necessary to improve practice. Our staff choose to lead, then lead the innovation. • In 2019/20 seven innovation sites commenced working in this way, with sites in social care, rehabilitation, residential care and young adults transition. • Throughout 2020/21, the approach was expanded across social care and rehabilitation, and introduced to homecare. • In 2021/22, mobilisation is planned across the Partnership, embedding this approach as business as usual in social care and expanding to health services such as residential mental health services and acute rehab. There are now 13 innovation sites with 5 more in the pipeline.

OUTCOME / IMPACT	• Reduced waiting times for people • Person-centred, strengths-based approach • Proactive rather than reactive work, embedding preventative work within normal practice. • Increased connections with community resources • Improved relationships with partners – provider organisations as well as community and third sectors • Reduced bureaucracy by eliminating internal referrals and building better links with other professionals • Increased staff morale and productivity through use of team huddles, peer support and reflective practice • Increased financial accountability through joint decision-making has led to a reduction in the need for long-term services
MEASURES/ INDICATORS OF SUCCESS	**Quantitative:** • Increased responsiveness from a baseline of an average of 40 days' wait in 2018 to an average of 2 days currently • Reduction in need for long-term services for new people. Only 13% of people new to us go on to need long-term care, in comparison to a pre-project baseline of 24%. • 13 innovation sites now underway, with a further 5 in the pipeline **Qualitative:** • Citizen survey – a small sample size has shown consistently high scores, with responses coming back rating experiences at 8/10 or above • Staff survey – a survey carried out in April and May of 2021 showed high levels of staff satisfaction with the project and identified areas for improvement or additional support. **High profile:** • NHSScotland Event spotlight event • SDS Scotland and Scottish Government interest • Care Inspectorate • Other partnerships and local authority presentations • CEC interest • Selected as test site for a London School of Economics research project funded by National Institute for Health Research (NIHR)

Even better if …
(enablers to further the principles of integration and result in even better outcomes if …)

- Increasing awareness of this approach with our health partners
- Trialling innovation sites within an acute setting
- Strengthening relationships between acute, community and third sector
- Improved integration between IT systems across NHS and Council and these built around the 3C approach

NATIONAL HEALTH AND WELLBEING OUTCOMES	
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.	X
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	X
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	X

4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	X
5. Health and social care services contribute to reducing health inequalities.	X
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	X
7. People who use health and social care services are safe from harm.	X
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	X
9. Resources are used effectively and efficiently in the provision of health and social care services.	X
Health and Social Care Scotland's 5 Essential Elements (click link to listen to statement of intent)	
1. Transforming the approach to improving health, wellbeing and independence	X
2. Building stronger community care systems and primary care services	X
3. Establishing a new focus on mental health	
4. Securing a sustainable acute hospital service and specialist care service	
5. Strengthening future partnerships to ensure a modern sustainable workforce	X

Links to any published reviews/evaluations	

Before submitting this example of good practice please ensure approval and sign-off by your head of service / chief officer.

Approved for online publication *(signature and position)*	Judith Proctor, Chief Officer
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