

Edinburgh **Health and
Social Care** Partnership



Edinburgh's story Three Conversations



Edinburgh Facts and Figures

Edinburgh **Health and
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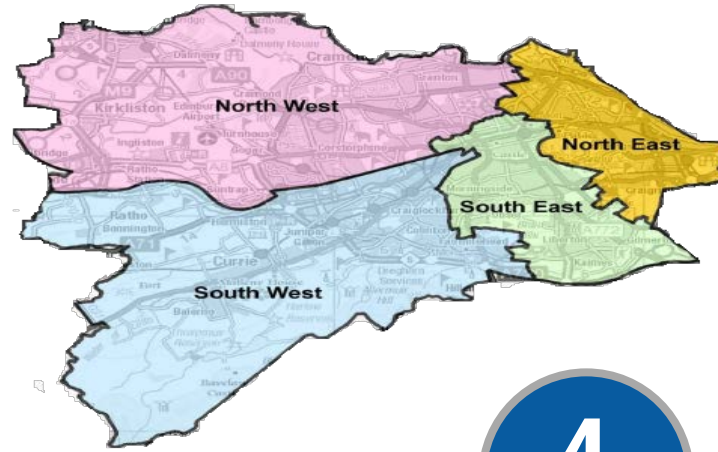
Home to **518,500** residents.
That's over 5,250 new
residents from last year.



An Ageing Population
Home to: **78,060**
residents over 65+

995 older people
increase from last year

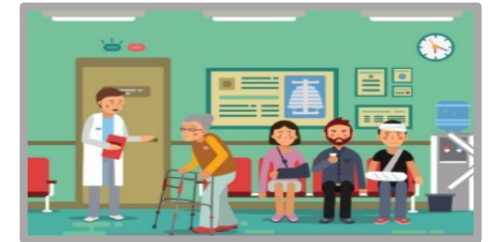
89,194 older people
expected by 2025



4

Localities

70 GP surgeries providing 3
million consultations /
treatments in 2018/19



5 Million
Hours of Homecare

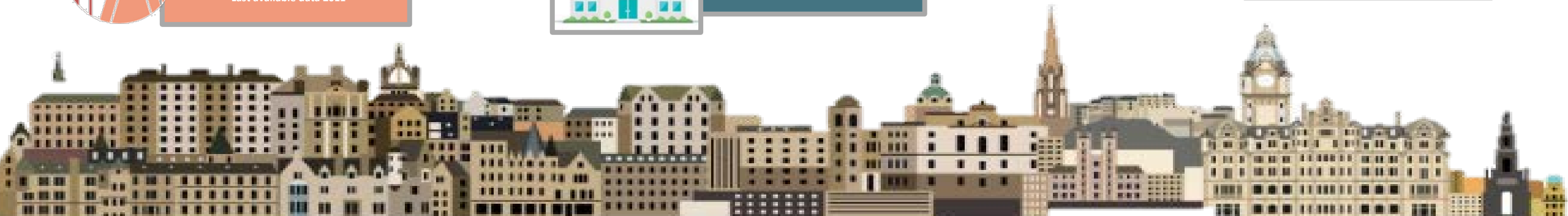


13.5%* of residents are
carers

*Last available data 2011



109,506
A&E Visits



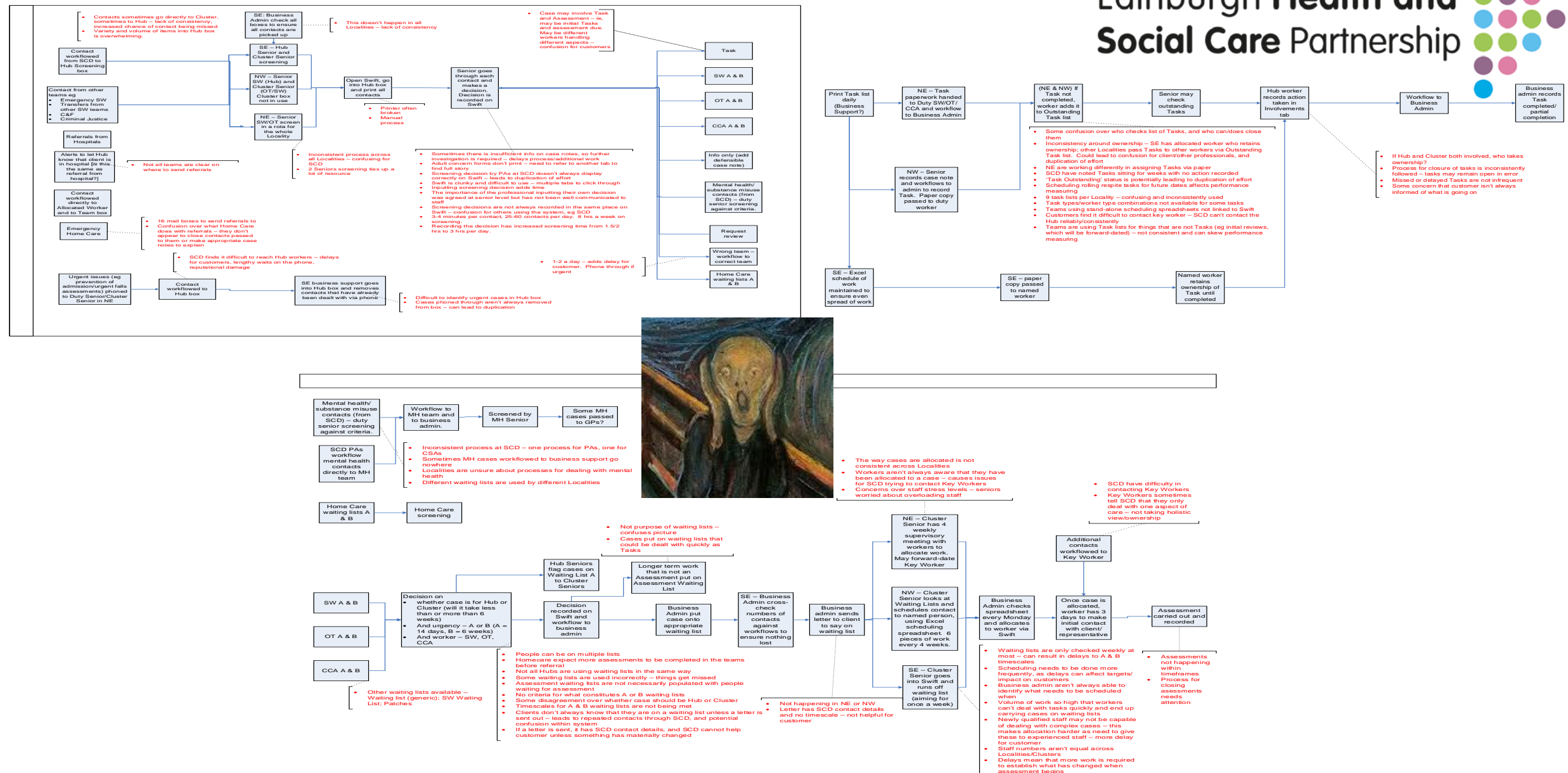


We're Changing Edinburgh's DNA

- We aspire to support people to develop their full potential and enrich their lives
- We will build our commitment to being connected to our people, our partners and our communities
- We have a clear Partnership identity that embodies our values and includes our partners in all sectors
- We aim to be expert listeners
- We will free and empower our staff to be the best they can be

Frankenstein's monster...

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Our New Approach

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1 Conversation 1 : Listen & Connect

Listen hard. Understand what really matters. Connect to resources and supports that help someone get on with their chosen life, independently.



2 Conversation 2 : Work intensively with people in crisis

What needs to change urgently to help someone regain control of their life? Put these into an emergency plan and, with colleagues, stick like glue to help make the most important things happen.



3 Conversation 3 : Build a good life

For some people, support in building a good life will be required.

What does 'a good life' look like? What resources, connections and support will enable the person to live that chosen life? How do these need to be organized?



The Three Conversations

- Improves the experience of people and families who need support
- Significantly improves workers' job satisfaction and productivity – by liberating them to do the role they aspired to
- Supports independence and connectedness with community
- Reduces the bureaucracy that threatens to drown us all
- Has been successfully implemented and evaluated elsewhere in the UK

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Implementing the approach...

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- Invitation across the Partnership for service areas to volunteer
- Fortnightly 'Making It Happen' meeting to:
 - agree innovation sites
 - offer support and challenge
 - discuss progress and share learning
 - agree actions
- Currently 7 innovation sites across a range of service areas





Hypothesis

That we could see people more quickly and improve outcomes for individuals using the 3 Conversations approach by:

- cutting out the initial screening/signposting at our contact centre
- reducing the time from initial contact to provision of support
- cutting out the screening in the locality for priority and professional group (SW/OT/CCA)
- by focussing on personalised conversation rather than assessment directed by professional focus
- increasing our contact time with the person by reducing the burden of bureaucracy
- shifting our focus from crisis response towards prevention

How we set up the Innovation Team

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➤ Team Lead

- invitation extended to senior OT and senior SW group for someone to act as team lead for the innovation site – 3 notes of interest and one selected

➤ Innovators

- open invitation then sent to all assessment staff in the locality – we invited people who were keen and people who were sceptical
- 10 volunteers came forward – 3 SW's, 3 OT's and 4 CCA's

➤ Start-up

- people were given a week to 'close' their caseload
- supervision realigned from existing arrangements to innovation team lead with dotted line for professional supervision and governance
- first week of innovation set aside to get to know community resources

Practical arrangements & support from Partners 4 Change

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- People to be freed of their caseloads
- Team to be located together
- Size of team should be proportionate to amount of work
- Recording has to be aligned with 3C's paper work supported by 'light-touch' on client database
- Weekly huddle supported by Partners 4 Change during initial 12-13 week period

Risks/Challenges

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- Increase in waiting lists
- Increased pressure and some discord within the locality
 - team working to different principles
 - additional pressure on seniors
 - other team members picked up cases that couldn't be closed
- Sense from remainder of locality that innovation team were being given special treatment and had a 'cushy number' compared to everyone else
- Moving away from current recording in SWIFT/AIS
 - information less accessible
 - recording less information



Early learning and evaluation

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- PDSA approach – from outset
- Dataset – needs to be reviewed and developed as the innovation progresses
- Entering formal phase of analysis
 - Data Analysis
 - Focus Groups
 - innovation team
 - control group taken from remainder of locality
 - innovation team lead
 - seniors from remainder of locality
- Telephone follow-up interview with individuals with whom we've had conversations
 - 3 simple questions



Early Findings

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- Faster response time
- Improvement in the quality of interactions with people – more personalised and more flexibility
- Greater use of community resources
- Less transfer from conversation to services
- More manageable workloads
- Move towards earlier intervention





Next Steps...