



Mr. J. Taylor / Ms. M Reilly  
Healthwatch Worcestershire  
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8<sup>th</sup> October 2018

Our Ref: RK/AM/lh

Dear Mr. Taylor and Ms Reilly,

We would like to thank Healthwatch for the work they did identifying the views and experiences of a group of people who had either been in contact with, or received support from, Adult Services around the summer/autumn period in 2017. During that time the Directorate was in the early stages of introducing a new model of working with people which aims to improve access and make the experience more positive for all concerned, the 3 Conversations approach.

We have considered the findings of the report and, in particular, the points for consideration raised in section 8. We would like to respond to these under the four broad headings into which the individual points were grouped.

### **1. Provision of information**

We recognise the importance of helping people understand our services and how these may support them. It is also understood that many people who have not had cause for contact with the world of adult social care are unlikely to have a clear understanding of what we do, how we can help, how to engage with us and what to expect. The new 3 Conversations approach places a considerable emphasis on communication and the establishment of rapport and trust between the social worker and the person. We have found that this increases understanding at an early stage in the relationship thereby helping both parties arrive at realistic expectations of what can be achieved through working together.

This needs to be set in a context of readily available public information and a better understanding of the role of Social Workers by professional colleagues who may direct people to seek our support. In response to this we have a number of projects underway which will provide better information. One of these is a programme to develop a range of simple information fact sheets, each of

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which addresses specific elements or issues in adult care. We have identified around 40 topics or commonly asked questions and our initial 16 fact sheets are currently with a public consultative group to secure feedback on the content and language used. It is intended that the first of these sheets becomes available in October/November and will be shared with voluntary and other partner organisations, available on our website and also given to members of the public as part of our direct involvement with them.

Another of the projects currently underway is a full review of our web information. This should be completed in December/January and will update the content and presentation of key information about the service, echoing much of the content from the fact sheets, adopting an easy to read style and complying with Council standards of accessibility. Key elements of this update will clarify what to expect from the service in terms of who we will work with, when, how quickly and how to make contact. This is also addressed in the latest edition of the annual Care Services Directory which will be available in October.

## **2. Interaction with the social worker**

The 3 Conversation approach, now rolled out to all Area teams supporting older people, is highly person centred and builds on the best values and practice within social work to make the contact with individuals the centre of focus. This way of working requires workers to build a much more rounded understanding of the person they are working with and even removes jargon and professional language from the process where this is seen as a barrier to effective communication or where this language suggests a mechanistic process rather than placing emphasis on the individual. The model requires Social Workers to recognise the interests, strengths, and existing support networks available to the person, considering what they can do rather than concentrating on what they can't.

A key aspect of the model is the building of this trusting relationship and this is supported through good practice values such as listening to people, understanding what they value and following through on what we say we will do in a timely manner. This is closely monitored through the supervision process and various statutory reviews in the service and is also enabled through a new weekly reflective practice meeting in each team which seeks to spread learning within the team and provide peer to peer support where this can help a particular worker who requires support.

Your points on caseloads are noted and these are carefully monitored by Team Managers and the newly created roles of Advanced Social Work Practitioners to ensure that quality of work does not suffer. It must be noted, however, that to some extent, caseloads are driven by external demand which is strongly affected

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by the demographic trend of an aging population living longer with health issues. One of the ways we have adapted to this is by simplifying the forms and back office processes which support the assessment and support planning activities. This has considerably reduced the proportion of time that Social Workers spend entering data into IT systems and increased the time they spend either directly with the people they are supporting or working collaboratively with one another to identify new and creative support options.

The new way of working helps create closer links between people and their Area Social Work team, with reviews being managed by that team rather than a centralised service. This also places a greater emphasis on maintaining regular contact with people whose lives are in crisis or may be going through a period of traumatic change.

We recognise that it is important to have up to date information on how our services are perceived by the people using them or working with us and have plans in place to introduce an opportunity for people to feedback on the quality of their experience directly to us, individually and closer to the time of this experience than has previously been achieved in our annual surveys. This information will feed into individual teams and also more strategic meetings and projects all of which have a strong remit of promoting continuous improvement.

### **3. Carers**

Adult Services currently promote the provision of information and advice to carers through a service commissioned through the Worcestershire Association of Carers (WAC) and has also included a number of carer related fact sheets in the project mentioned earlier. The new ways of working do not affect the carer's entitlement to support under the Care Act but this has been improved through the extension of our new way of working, simplified forms and processes and access to information and systems to staff working in WAC. This supports earlier access to advice and support for carers and also supports WAC to undertake reviews of existing carer personal budgets on our behalf.

### **4. Finance and Budget Pressures**

The service has a clear understanding of its role and statutory responsibilities under the Care Act regardless of whether an individual will be expected to contribute to some or all of the costs for any care identified as necessary. The focus on building an understanding of a person's interests, values, strengths and opportunities in Conversation 1 is resulting in the ability to provide proportionate support to people with fewer individuals requiring a costed package of care and the question of payment is not a consideration at that stage.

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It is gratifying to note that many of the points raised in your report echo our own experience and understanding of areas of the service which we wished to improve and have been working on over the past 18 months. Many of these have been addressed by action taken in that time but others are still in progress and we welcome the additional support that your report provides in terms of underlining the importance of these issues.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Richard Keble', written in a cursive style.

Richard Keble,  
Assistant Director,  
Adult Services

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