REPORT

Adult Support and Protection and Social Work & Social Care Inspection Improvement Plans

Edinburgh Integration Joint Board

13 June 2023

Executive Summary	The purpose of this report is to:
	a) Inform the EIJB of the actions taken in response to the Joint Inspection of Adult Support and Protection and the Inspection of Social Work and Social Care.
	b) Request that the EIJB agree the improvement plan in response to the Inspection of Social Work and Social Care.

Recommendations	It is recommended that the EIJB:
	a) Note the Adult Support and Protection Improvement Plan submitted to the Care Inspectorate
	b) Review the progress underway to implement necessary improvements
	c) Agree the plan to implement further improvements, in response to the Social Work and Social Care Inspection
	d) Agree that implementation of the Improvement Plan will be overseen and scrutinised by the EIJB Policy and Development Committee, with reports relating to governance referred to the Clinical and Care Governance Committee. Reporting and scrutiny will also be in place within the Council through the Policy and Sustainability Committee.
	e) Agree that an annual review of the Improvement Plan is undertaken that actively engages stakeholders including people using services and carers.

Directions

Direction to City of	No direction required	✓
	Issue a direction to City of Edinburgh Council	

Edinburgh Council, NHS Lothian or both organisations	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council & NHS Lothian	

Report Circulation

1. This report has not been circulated to any other Committee; however, the improvement plan is being shared with Full Council for noting on 22 June 2023.

Main Report

2. Adult Support and Protection across Scotland is subject to a Joint Inspection process, and Edinburgh was inspected in relation to its multi-agency Adult Support and Protection work in the last quarter of 2022. A report on this inspection was published on 14 February 2023.

3. Areas of weakness with key areas for improvement were found to be in:
    *   Requests for capacity assessments
    *   Case related chronologies
    *   Quality of case conferences
    *   Quality assurance activity
    *   Social work workforce capacity
    *   Consistency of support and protection for all people when required.

4. While the Adult Support and Protection Inspection was underway, a further inspection of adult social work and social care in Edinburgh was announced and undertaken. The report on this inspection was published on 21 March 2023 with key areas for improvement focusing on:

    *   The design, structure, implementation and oversight of key processes, including the assessment of people's needs and in their case management.
    *   Approaches to early intervention and prevention, which were uncoordinated and inconsistent
    *   Self-directed support, which had not been implemented effectively.
    *   Insufficient support for unpaid carers
    *   Staff being under considerable pressure and sometimes overwhelmed
    *   Strategic leadership and management oversight of key processes, meeting legislative requirements, policies, procedures and guidance and to ensure sufficient capacity and capability to deliver safe and effective services for vulnerable people
    *   Embedding approaches to self-evaluation for improvement and quality assurance were not well-embedded
    *   Social Work governance with strategic decisions being well informed by a social work perspective.

5. The report also acknowledged that:
    - Steps had recently been taken to address issues and practice in relation to adults with incapacity
    - Long standing significant delays in discharging people from hospital, people waiting for assessment of their care needs, and meeting vulnerable peoples' unmet needs had recently begun to improve
    - Most staff experienced and valued positive, responsive and person-centred support from their immediate line manager.

6. The Partnership and Council have taken very seriously, and accepted, the findings from both inspections and has developed improvement plans to prioritise key actions to deliver good quality social work and social care services to keep people safe from harm.

7. An improvement plan in response to the Joint Adult Support and Protection Inspection was submitted to the Care Inspectorate (See appendix 1) on 29 March 2023. Recognising the interdependencies with the Social Work and Social Care Inspection, officers have cross referenced areas for improvement across both reports and also mapped against the findings of the Scottish Government's Edinburgh Assistance Programme in September 2022. This is to ensure that there is a clear plan for improvement that encompasses all recent feedback and scrutiny.

Development of the Plan

8. In developing the plan, we are listening to feedback which has also shaped our priorities. On presentation to the EIJB Development Session on 15 May 2023, it was agreed that the Improvement Plan needed to take stronger cognisance of early intervention and prevention, be linked to improved performance and be aligned with the Medium-Term Financial Strategy.

9. Officers from the Partnership and Council have met with the Care Inspectorate and Scottish Government's Chief Social Work Adviser office to discuss the plans. The key message taken from the meeting was to focus on the priority areas for improvement identified in the Adult Support and Protection Inspection report. Our approach, including actions undertaken, was well received and movement at pace was encouraged.

10. On 4 May 2023, a motion from Councillor Miller was agreed that unpaid carers/parents and service users are involved in the development of all improvement plans. A meeting was held on 29 May 2023 between the Service Director – Operations and the Carers Strategic Planning Group. The group welcomed further engagement regarding the plan and recognised the tight deadline of completion for the EIJB and Full Council meetings. It was requested that review periods are built in so that there can be ongoing engagement to help influence further development of the plan. This is a welcome suggestion that officers agree with, providing opportunity to engage with a wider range of stakeholders, especially those in receipt of services.

Current Status of the Improvement Plans

11. As stated above, the Adult Support & Protection Inspection Improvement Plan has been submitted to the Care Inspectorate. Now that we have greater clarity of the interface with the Social Work and Social Care Inspection actions, timescales and leads have been allocated to each action. The plan has started being implemented. This will gather momentum now that the new Adult Protection Lead Officer has been appointed and furthermore with the start of the Partnership's Principal Social Work Officer at the end of July. Improvement actions already underway are outlined in the improvement plan against each of the areas for action.

12. Priorities for year one have been identified and are predominantly focused on adult support and protection, so to ensure that the people of Edinburgh are safe. Priorities and high level actions are below with a detailed action plan outlined in appendix 2:

	Priority	Related High Level Actions
1	Early intervention, prevention and demand management	• Draft and consult on a prevention strategy • Improve access for people at the point of contact through a focus on Social Care Direct. Ensure people at risk of harm are identified with the right action taken quickly.
2	Reducing waiting lists and improving access to services	• Increase capacity through an agency Social Work team to undertake reviews of people in receipt of services to ensure needs are being met. • Develop trajectory to demonstrate tangible and quantifiable improvement for waiting lists to be brought in line with national averages as priority.
3	Best use of resources to meet demand and improved structure.	• Undertake strategic commissioning exercise to ensure that the IJB has a clear understanding of bed based services (including dementia, nursing, intermediate care) to meet people's needs • Undertake strategic commissioning exercise to ensure that the IJB has a clear understanding of service need for people with mental health problems • Continue with One Edinburgh programme, increasing capacity for people requiring a package of care to live at home independently. • Implement a revised, strengthened professional line management structure that achieves more benefit from integration and ensures resources are directed at the priorities being identified in response to the inspection findings.
4	Basic and key processes	• Introduce new ASP Investigation processes with specific chronologies and risk assessment • Roll out one assessment tool that ensures consistent approach across the city. • Replace SWIFT with a system that improves processes and creates service capacity, efficiency and safety.

5	Workforce – recruitment, retention and governance	• Increase work on advert and recruitment through more innovative routes • Progress incentives and recruitment on a higher salary scale with HR for experienced Social Workers
6	Governance, including professional supervision, manager oversight and quality assurance.	• Induction of Principal Social Work Officer • Implement Quality Assurance audit for effective manager oversight and supervision recording • launch of Quality Assurance Practice framework with monthly learning from practice audits

13. Years 2 and 3 will build on the momentum of activity in year 1 and expand into broader practice social work and social care practice. For example, once good adult support and protection practice is established at Social Care Direct, other opportunities for training, service development, links with wider 3rd sector and community groups will be introduced. Similarly, while priority is to have a prevention strategy, this will be followed by other strategies for specific priority groups including older people, people with a learning disability and also a market position statement that will underpin our strategic commissioning.

14. Key Performance indicators will be developed for each priority area so to understand the impact of the improvement actions.

Resources

15. This plan is highly ambitious and being undertaken at a time when resources are tight and savings are needing to be made. The priority is to maximise existing resources and allocate to the priorities outlined in this plan. Work is underway to identify any activity that can be deprioritised but minimises impact on people – people needing services and our staff. This will be reviewed ongoing.

16. This plan cannot be delivered with resources only from the Partnership. Resource is required from colleagues in Corporate Services, including HR and Learning & Development in addition to the Chief Social Work Officer's Office. There is also work ongoing across the country led by the Scottish Government's Social Work Adviser and Social Work Scotland. We will actively work with support agencies to learn from best practice and implement locally.

17. Additional resource is required to increase front-line Social Work teams to improve performance and improve access to assessment and care management. Strategic commissioning expertise and capacity has also been identified as a gap in the Partnership and will be required to move forward the strategic commissioning work on bed base and mental health at pace.

18. Resource capacity will continue to be reviewed; however, it should be acknowledged that once we get into the details of the implementation further resource may be

required. This will be managed within existing delegation of resource and reported to EIJB as appropriate.

Reporting and Governance

19. With Social Work Services delegated to the Edinburgh Health and Social Care Partnership, the Edinburgh Integration Joint Board are requested to agree the plan. A report will be submitted to Performance and Delivery Committee three times per year so to monitor the implementation of the Improvement Plan from an investment and service improvement perspective. Update reports will also be referred to Clinical and Care Governance Committee for information.

20. The improvement plan will be presented to Full Council for information and noting on 22 June 2023. It is proposed that the Council Policy and Sustainability Committee receive a progress report three times per year so to monitor the implementation of the statutory and service improvement aspects of the plan with a formal annual review. To minimise the burden on reporting, the same report where possible, should be submitted to Policy and Sustainability and Performance and Delivery Committees.

21. An oversight group has been in operation developing the improvement plan. It is proposed that a new Social Care and Social Work Improvement Plan Group is established. If agreed, a terms of reference will be established and group formed. This group will report to the Council Leadership Team, the Partnership's Executive Management Team and then report into the Chief Officers Group for senior oversight.

Implications for Edinburgh Integration Joint Board

Financial

22. There are evident strong links between the improvement plan and the Medium-Term Financial Strategy (and is a separate agenda item for this meeting). Many of the workstreams will deliver across our 3 change objectives:
    - improving lives in Edinburgh
    - improving services
    - improving costs

    As such, the financial impact of those workstreams in the improvement plan which will deliver improved services at less cost have been reflected in the Medium-Term Financial Strategy. Those workstreams which have been prioritised and which are projected to lead to in year financial benefits have been presented for approval in the separate paper to this meeting.

23. As outlined above, it is also acknowledged that many of the individual proposals in the improvement plan will require resourcing to support successful delivery. As the implementation plans are being developed the exact requirements will become clearer, however, emerging themes range from learning and development support for

improving staff practice to resourcing service gaps, e.g. specific bed capacity and supported living. Details will be presented to the board for approval in due course.

24. Where there is a degree of clarity on the level of investment required to deliver savings, these costs have been reflected in the proposals in the separate Medium-Term Financial Strategy paper. Specifically, this includes reworking our approach to review and assessment and consequently reducing waiting lists and improving performance. It also involves bolstering our commissioning teams to ensure we have appropriate system wide capacity and that it is delivered in the way which best represents best value for money. We expect there will be some offsetting of these additional requirements over the life of the MTFS as existing resources are refocused on these priorities.

Legal/risk implications

25. The main risks of non-delivery are that the Council's statutory duties are not met. Through implementing this plan while working across the Council, with strengthened professional Social Work leadership and governance and active engagement with the Care Inspectorate and Scottish Government and regular reporting as set out within sections 19 – 21 above, this risk is mitigated.

26. The other main risk relates to Operational and Strategic Commissioning capacity to drive forward improvements. Resource requirements have been estimated and factored into the Medium-Term Financial Strategy.

27. There remain high levels of vacancies which are impacting on staff's ability, physically and mentally, to engage fully in improvement activity. Resource capacity management to deliver improvement will be a standing agenda item on the Oversight Group.

28. It is important to note that this is very hard work and many staff are already exhausted. Other areas will not be able to get full attention while this journey is in place. Prioritisation of activity and resource while balancing risk to people requiring/in receipt of service will be an ongoing tension and balance.

Equality and integrated impact assessment

29. No Integrated Impact Assessment has been completed for the purpose of this report. As elements of the improvement plan are inter-related with the Medium-Term Financial Strategy, some priorities have been impact assessed through that process, i.e. undertaking assessments and reviews and strategic commissioning. This is reported in the Medium-Term Financial Strategy report presented at EIJB

Environment and sustainability impacts

30. There are no direct environmental or sustainability impacts arising from the content of this report.

Quality of care

31. As outlined throughout this report, this plan will impact positively on the quality of care provided to the people of Edinburgh.

Consultation

32. This report has been prepared with the support of the colleagues in the City of Edinburgh Council and Health and Social Care Partnership. It has been developed through engagement with staff, meeting with the Care Inspectorate, Scottish Government's Chief Social Work Adviser office and through a meeting with the Carers Strategic Planning Group.

33. Considering that engagement with stakeholders has been limited, this first year will scope how people that use services, carers and staff can be involved in the plan's further development and a broader set of views will be incorporated into the annual review process.

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Background Reports

1. Joint Inspection of Adult Support and Protection, City of Edinburgh

2. Inspection of Adult Social Work and Social Care Services in Edinburgh

Appendices

Appendix 1: Adult Support and Protection Inspection Improvement Plan

Appendix 2 Adult Social Work and Social Care Inspection Improvement Plan

ADULT SUPPORT AND PROTECTION INSPECTION

IMPROVEMENT PLAN

EDINBURGH 2023

Version 7

ASP Practice	**13 improvement areas**
IRD	**4 improvement areas**
Investigations	**2 Improvement areas**
Chronologies	**1 improvement area**
Case conferences	**4 improvement areas**
Assurance	**2 improvement areas**
Training	**1 improvement area**
Capacity	**1 improvement area**
APC	**2 improvement areas**

ASP Practice

1. ASP Practice (key processes)
The partnership's strategic leaders should ensure there is consistent, competent, effective adult support and protection practice that keeps adults at risk of harm safe and delivers improvements to their health and wellbeing.
Improvement activity
Review existing practice standards.
Ensure that practice standards outline and make explicit issues of consistency, competence, and effectiveness for risk of harm and improving health and wellbeing.
Audit for assurance against the practice standards

2. ASP Practice (consistency)

Social work did not routinely carry out adult protection investigations when it should have.
Improvement activity
Review existing procedures and expectations.
Offer consultation and training for all Social Workers and senior Social Workers regarding adult protection.
Audit for assurance

3. ASP practice (Management oversight)
Management oversight of screening was an acknowledged area for improvement. This also applied to initial inquiries.
Improvement activity
The SCD Response Team will be managing most of the incoming work and ASP DTI cases, ensuring a city-wide consistent approach to screening and management oversight. The team will receive bespoke training to support this.
This training will also be delivered to all locality team managers and Seniors.
Audit for assurance against this screening standard.

4. ASP practice (3 point criteria)
Almost all initial inquiries did not record application of the three-point criteria. Most showed no sign of management oversight. This called for improvement. Specific fields in the partnership's initial inquiry template would help.
Improvement activity
There are new ASP DTI and ASP Investigation templates in development which will be added to AIS in the Assessment tab as questionnaires. These make a clear distinction between an ASP DTI and an ASP Investigation. The new ASP DTI also has specific fields in the template to record the three-point criteria.
Ensure that the process for management oversight of the DTI and ASP Investigation are in place.
Audit for assurance

5. ASP practice (Risk assessment)
Most of the time a risk assessment was included in the report of the interagency referral discussion. Most adults at risk of harm had a risk assessment. Significantly, some did not have one. This needed improvement. A standard risk assessment template for adults at risk of harm would support improvement.

Improvement activity
There are new ASP DTI and ASP Investigation templates in development which will be added to AIS in the Assessment tab as questionnaires. These have specific risk assessment fields in the template. These ASP needs to be authorised by a Senior on completion, which will ensure the risk assessments are present and of a required standard.
Audit for assurance

6. ASP Practice (capacity assessments)
Social work did not request a capacity assessment from health for some adults at risk of harm who required one. This called for improvement.
Improvement activity
Review existing process to access capacity assessments.
Ensure practitioners know how, who, and when to ask for a capacity assessment.
'Working Across the Acts' training to be finalised and become a mandatory training module.
Ensure that there is a clear process in place and that this is well understood across the workforce. GP – can make onward referrals, mental health – mental health clinician, psychiatry of old age.
Audit for assurance.

7. ASP Practice (Police)
The divisional concern hub and inquiry officers focused on criminality when a holistic approach to needs and expectations may have supported early and effective prevention and intervention.
Improvement activity
Recognised that in some cases the frontline Police officers who initially attend an incident submit the interim vulnerable person's database report in a style that can resemble a crime report. Concern Hub staff have the ability to edit and redact the report prior to it being shared and this editing could temper the language and focus more on an individual's needs.
There has been an improved procedure brought into place whereby Concern Hub staff interact and share information with Social Care Direct counterparts. This newly introduced procedure has allowed for increased channels of communication.
Audit for assurance.

8. ASP Practice (Police)

Where the criteria for the application of the escalation protocol was met (repeated police involvement), there was an inconsistent approach. In some cases an escalation review was not carried out when it should have been. There were missed opportunities to develop existing local practice, by involving local area command in response or protection planning.

Improvement activity

The Interim Vulnerable Persons Database has had a software update to address this issue. This update will mean that the escalation protocol is automatically applied and removes the inconsistent professional judgement.

Work continues to discuss the involvement of local area commanders. Part of the escalation protocol will be to alert the local area in which an individual or problem exists.

9. ASP Practice (feedback to referrer)

Just under half of staff surveyed said social work gave them prompt feedback about adult support and protection concerns they raised. Just under half said they got no feedback. This merited improvement.

Improvement activity

Review existing practice.

Standardise feedback to referrer.

Remind all colleagues to provide feedback.

Audit for assurance.

10. ASP Practice (Social Work records)

For just under half of adults at risk of harm the recording, mainly in their social work record, was not in keeping with their needs. There was no record of supervision decisions in some of social work records – this merited improvement.

Improvement activity

Review existing practice.

Develop a standardised approach to supervision recording.

Create and roll out training for managers recording supervision into case files.

Audit for assurance.

11. ASP Practice (Outcomes)

Most adults at risk of harm were supported throughout their adult protection journey. Just over half of support was good or better, which indicated there was room for improvement. Adults at risk of harm had improvements to their safety, health, and wellbeing because of the partnership's joint efforts to support them. For others, critical actions were not executed, or vital support services were not delivered quickly enough.
Improvement activity
Review practice standards for adult protection.
Review what support for adults looks like in Adult Protection.
Develop clear guidance for supporting people through Adult protection.
Review and clarify escalation process for unmet need, complex circumstances and unforeseen delays.
Audit for assurance.

12. ASP Practice (Advocacy)
The partnership did not offer an independent advocate to just under half of adults at risk of harm who would potentially have benefited from one. This called for improvement.
Improvement activity
Review advocacy arrangements including referral.
Ensure referral for advocacy discussions part of ASP process.
Capture unmet need.
Audit for assurance.

13. ASP Practice (action against harm)
For all known alleged perpetrators of harm, the partnership took some action against most of them. The quality and effectiveness of the partnership's actions against known alleged perpetrators had room for improvement, with some weak or unsatisfactory.
Improvement activity
Review existing practice with perpetrators of harm through audit.
Review existing tools and approaches to working with perpetrators of harm.
Review training on working with perpetrators of harm.
Audit for assurance

IRD

14. IRD (Recording)
The interagency referral discussion report was often not an account of a person-to-person discussion among core partners. Rather, it was a rolling record of partners' views, often copied and pasted from other documents such as interim vulnerable persons database reports.
Improvement activity
The practice of copy and paste is recognised. Refresh training and briefing to curb this practice and to ensure that the discussion of fact and statement forms the record and not the rolling record of views.
Review and update the IRD Guidance for Adult IRDs.
Use IRD workshop to revisit expectations around discussion led IRDs.
Audit for assurance.

15. IRD (Health involvement)
The partnership needed to take prompt decisive action to ensure city-wide direct health inclusion in interagency referral discussions.
Improvement activity
Reiterate to partners that in absence of known, involved specialist clinicians or and services, contact GP.
Roll out of current plan to include health participants in IRDs in all localities in Edinburgh.
Provision of peer support and supervision by adult support and protection advisors and peers, to support staff as health participants in IRDs.
Robust feedback from IRD Review group to support staff and share good practice.
When health practitioners are participants in IRDs in all areas – add functionality on eIRD for health to sign off.

16. IRD (information sharing)

Health professionals almost always shared information appropriately. But there were some instances where the quality of information shared could be improved.
Improvement activity
Distribution of newly revised NHS Lothian ASP procedure highlighting information sharing.
Incorporate detailed information sharing component into training.
Robust IRD review feedback mechanism for health staff undertaking IRDs.

17. IRD (Case conference)
For a significant few there was no case conference when there should have been.
Improvement activity
Better understanding of ASP and what constitutes the threshold for holding a case conference. The updates to the Revised Code of Practice allow for a consistent approach.
Audit for assurance.

Investigations

18. Investigations (Responsiveness)
The partnership should carry out a prompt adult protection investigation for all adults at risk of harm who require one.
Improvement activity
The new SCD Response Team will support localities by managing work at the front door and ASP DTI referrals. This will give more capacity to localities to carry out a prompt ASP Investigations and meet agreed standards.
Review and reissue guidance on the standard for ASP investigations.
Review and renew training regarding ASP investigations.
Audit for assurance.

19. Investigation (Quality of and the direct involvement of people)
Social work did not consistently interview adults at risk of harm about the adult protection concerns raised about them. Other parties, such as paid and unpaid carers and alleged perpetrators were often not interviewed. When the partnership did conduct an investigation, quality was uneven, with some weak.
Improvement activity
There is a new ASP Investigation template in development which will be added to AIS in the Assessment tab as a questionnaire. This has specific fields for who has been interviewed. The ASP Investigation needs to be authorised by a Senior on completion, which will ensure relevant people are interviewed and of a required standard.
Specific training for Council Officers will be developed to cover the revised ASP Policy and Procedure, and Codes of Practice, with specific emphasis on good, evidenced based recording, which will include conducting investigations, which will consider interviewing.
The ASP standards will be reviewed to consider whether standards need to be added about who is to be interviewed as part of an ASP Investigation.
Audit for assurance.

Chronologies

20. Chronologies
The partnership should improve the quality of chronologies and risk assessments for adults at risk of harm. And all adults at risk of harm who require a chronology and a risk assessment should have one.
Improvement activity
There is a new ASP Investigation template in development which will be added to AIS in the Assessment tab as a questionnaire. This has specific chronologies and risk assessment fields. The ASP Investigation needs to be authorised by a Senior on completion, which will ensure the chronology and risk assessment are present and of a required standard.
Specific training for Council Officers will be developed to cover the revised ASP Policy and Procedure, and Codes of Practice, with specific emphasis on good, evidenced based recording, which will include chronologies and risk assessment.
Audit for assurance.

Case conference

21. Case conference (Health attendance)
Attendance at adult protection case conferences was variable. Health attended just over half they were invited to.
Improvement activity
Review of recent case conference health attendance to better understand practice.
Ensure accurate recording of attendance at case conferences is in place.
Health to explore barriers for non-attendance at case conferences – what is in place? – who is not attending? timescales, invites, reports/analysis, templates? communication within health to agree standard and expectations of responsibilities.
Senior management support in implementation of actions
Social Work to be supported to understand line management structures and how to agree appropriate representation and to notify line manager of non-attendance.
GPs –exploration and agreement with GPs through Clinical Director regarding role and responsibilities in case conferences.

22. Case conference (Police invitation)
Social work did not invite police to some case conferences when they should have.
Improvement activity
At the signing off and agreement to close the IRD Police and Social Work to clearly agree and document whether Police attendance is required.
Audit for assurance – check to be put in place to ensure that when this has been agreed Police have been invited.

23. Case conference (quality of minutes and distribution)
Often, there were no business support staff available to take minutes. In these situations, social workers had to take the minutes. This could lead to substantial delays in circulating minutes to attendees and others. Case conference minutes could be sparse and not a full, accurate record of the participants' discussion and decisions made.
Improvement activity
Review number of case conferences and those minuted.

Review existing number of minute takers in Business Support.
Report to ASPC on quarterly basis the number of APCs minuted and by whom.
Audit the quality of minutes.

24. Case conference (Safety planning)
"safety plans" - Quality issues included not stating clear timescales for actions and who was responsible for carrying them out, and not addressing significant risks…. some review case conferences did not determine the necessary actions to keep the adult at risk of harm safe.
Improvement activity
Review plan templates to ensure that the format enables easy recording of action timescales and who holds responsibility for their action.
Ensure that plans have clear timescales, actions and persons responsible noted.
Review and renew training on safety planning for case conferences.
Audit for quality of plans that respond to the risks assessed.

Assurance

25. Assurance (Activity recommencement)
The partnership should prioritise recommencement of multi-agency audits of adult support and protection records, quality assurance, and self-evaluation activities for adult support and protection.
Improvement activity
Re-establish multi-agency audit programmes.
Establish self-evaluation programme for ASP work – single and multi-agency.

26. Assurance (Outcomes)

The partnership did not carry out any activity with adults at risk of harm or their unpaid carers to ascertain their perception of the outcomes adult support and protection activity realised for them. This merited improvement.
Improvement activity
Establish a mechanism for discussing outcomes of adult protection with those people involved.
Report outcomes from these discussions into APC.
Report outcomes for these discussions into Clinical and Care Governance Group.
Link outcomes to broader self-evaluation activities (above).

Capacity

27. Capacity
Inadequate capacity within social work services impacted adversely on the competent, effective, and efficient execution of key processes for adult support and protection. There was recent improvement action, with the creation of senior adult practitioner posts. It was too early to tell the impact of this.
Improvement activity
A longer-term recruitment and retention plan will be developed across all social work areas – Adult Service, Children's Services and Justice Services led by the CSWO, in conjunction with other relevant managers from those services.
The new PSWO will support efficient execution of key processes for adult support and protection.
The interim CSWO and EHSCP Service Director – Operations are developing a workforce plan focussed on short-term recruitment and retention.

Training

28. Training
But only just over half of staff considered they participated in regular, local multi agency adult protection training – some said they had not had this training.

Improvement activity
Review L&D strategy and suite of training.
Explore whether dedicated Council Officer training and refresher training required.
Promote L&D strategy and review multi-agency strategy.
Establish what barriers to accessing training exist within partner agencies. Line management responsibility for staff to be able to attend training pertinent to roles and responsibilities.
Review how ASP multi-agency training is promoted and whether improvements can be made.
Audit for impact.

APC

29. APC (Governance and insight)
governance for social work adult support and protection practice, in particular, needed improvement. The adult protection committee did not have effective mechanisms to inform it about the existing critical adult protection key processes deficits.
Improvement activity
Commit to audit activity to understand the current working practices and identify methods of improvement this will better inform the APC and in turn allow to keep the chief officers informed of progress.
Better lines of communication with frontline workforce from the APC will be created and maintained.
PSWO to attend the APC and report on any escalation requirements.

30. APC (Lived experience representation)
The adult protection committee did not have a delegate who was an adult at risk of harm. It did not have an unpaid carer who cared for an adult at risk of harm as a delegate.
Improvement activity
Review previous work undertaken on this.
Establish purpose, meaning, and supports required for involvement to be of value and not tokenistic.

Appendix 2: Social Work and Social Care Improvement Plan

Improvement Plan summary outlining priorities for year 1 and key themes for improvement

Categories		Supply			Demand			Engine Room	
Workstreams	**Priorities for delivery in year 1**	**Workforce and Resources**	**Commissioning and Market**	**Operational Effectiveness**	**Early intervention and prevention**	**Front Door**	**Care Delivery & ASP response**	**Governance, QA and Policy**	**Digital**
Summary	• Early intervention, prevention & demand management • Improving access to services • Best use of resources via commissioning • Improved structure • Basic and key processes • Workforce – recruitment, retention • Governance/ Quality Assurance	A programme addressing vacancies, retention, our practice and morale in social care and throughout the Partnership.	Bringing good commissioning skills and lifecycle to fruition, managing the market back into control through, negotiation, frameworks, reverse auctions, market engagement, new entrants to the market, block contracts and price agreements.	Ensuring we are maximising the use of resources, being efficient with our monies and ensuring we have a future proof structure to deliver good quality services that meet people's needs.	Getting further upstream to get people care earlier and stop people tipping into crisis. Bring Thrive, social prescribing and embedding of 3Cs / asset-based working. Base on community mobilisation programme.	Changing our front door to identify people at risk, improve review and assessment, reduce waiting lists, and improve access to care. Prevent hospital admission and reduce delayed discharges.	Modernising the offer of care in various services and ensuring our services are safe in line with the CI Inspection. Bed based review, housing support, LD review, MHO, interim beds.	Getting in place stronger, leaner governance and decision making underpinned with clear policy to enable staff to offer the right care.	Moving to a more digital care offer including Swift replacement, telecare and telehealth, Social Care Direct improvements.

Improvement Plan summary outlining resource requirements currently identified

Where there is a degree of clarity on the level of investment required to deliver savings, these costs have been reflected in the proposals in the separate Medium-Term Financial Strategy. Specifically, this includes reworking our approach to review and assessment and consequently reducing waiting lists and improving performance and bolstering our commissioning teams to ensure we have appropriate system wide capacity and that it is delivered in the way which best represents best value for money

Categories		Supply			Demand			Engine Room	
Workstreams	**Priorities for delivery in year 1**	**Workforce and Resources**	**Commissioning and Market**	**Operational Effectiveness**	**Early intervention and prevention**	**Front Door**	**Care Delivery & ASP response**	**Governance, QA and Policy**	**Digital**
Resource Gaps and support required	Front line backfill Project & Programme Managers (PM) Digital PM Comms 2 x Commissioners High impact team (Social Work Team for Reviews and Assessment) Quality Improvement capacity	CEC HR Support CEC Recruitment Support Programme Management Planning Modelling	Contracting Backfill Commissioning Support	Finance Support CEC HR Support	EIP Commissioner	Front line back-fill PM Quality Improvement capacity	Front line back-fill PM	Council Democratic service support Business Support PM	Business case expertise Digital Strategy Digital PM CGI

Detailed Improvement Plan in response to the inspection of Social Work and Social Care in Edinburgh

Action		Lead	Outcome	Evidence	Progress made
<td colspan="6" style="background:red;color:white">**Workforce – workforce morale**</td>					
1	Restructure management and governance.	Service Director - Operations Council HR Council Corporate Services Council HR/L&D and PSWO	Social work effectiveness and staff morale are good. Vacances are kept low, and staff wellbeing is supported across the service. Improved efficiency through use of an effective system that is fit for purpose. Staff feel invested in and have development needs met.	Clear structure in place. Workforce strategy – including benchmarking – in place and supporting low vacancy rates, high retention rates, and offering Edinburgh as a highly attractive and sought after employer. New social work operating model. Clearer processes – with less paperwork. One clear model used across social work and social care. Clear workforce development and professional development opportunities and offer. Looking back conversations evidencing meeting of training needs.	Principal Social Work Officer starting in July 2023. Initial structure drafted that would strengthen social work management and governance. Oversight Group established. Business case well underway for replacement of Swift – being submitted to F&R Committee on 20 June 2023. HR approached re TNA and in discussion regarding what is required. Working with CSWO – prioritising supervision training with Children's Services. Full Training Needs Analysis undertaken with staff involved in hospital discharge re adults with
2	Undertake review and benchmarking of recruitment including T&Cs to support improved attractiveness, length of onboarding, pay, and reward.				
3	Build a business case for swift replacement and delivery plan.				
4	Review training and development offer for workforce incl. managers via:				
4a	Training Needs Assessment (TNA) to be undertaken with all Assessment and Care Management Staff, to ensure strategic priorities addressed.				
4b	TNA to be developed.				
4c	TNA to be undertaken.				
4d	Analysis of need.				
4e	Develop Learning and Development Strategy based on outcome of TNA				

Action		Lead	Outcome	Evidence	Progress made
4f	Commission training in line with strategic priorities.				incapacity, this informed development of the 'Working Across the Acts' training module. Module under ongoing development.
4g	Evaluate training to ensure that it meets needs outlined in TNA.				
5	Explore opportunities to develop training in collaboration with voluntary sector, where appropriate.				Human Rights focused training delivered by 3rd sector partners CAPS and Carer's Council in place and accessible.
Workforce – Recruitment of social workers and social care workers					
6	Undertake review and benchmarking of recruitment including T&Cs to support improved attractiveness, length of onboarding, pay, and reward.			Workforce strategy – including benchmarking – in place and supporting low vacancy rates, high retention rates, and offering Edinburgh as a highly attractive and sought after employer.	Council HR undertaking benchmarking exercise.
7	Develop key linkages with both universities and colleges supporting courses in social work and social care.		Vacancies are low and staff are retained.	Increased and sustained levels of student placements leading to high rates of onboarding from placement opportunities.	2 Student Hub Practitioners appointed in (insert date) and will be increasing student placements from (insert date).
8	Streamline recruitment process and strategy.		Improved recruitment process that reduces length of time from advert to starting date.		2 Business Support Officers appointed to streamline the recruitment processes.
9	Recruitment campaign to be put in place to recruit permanent staff for both children's and adult services. This will include (and be an opportunity to test):	Council HR Cluster Manager/ PSWO CSWO/ Locality Manager	Recruitment delays and vacancies do not impact upon social work staff experiencing higher workloads.	Recruitment and onboarding timescales at or better than benchmarked organisations.	1st open day held on 3 May 2023 in collaboration with Children's Services, second planned for June 2023.
9a	A new brand for social work in Edinburgh – Working for Edinburgh Children.	PSWO/CSWO	Increased interest in working in Edinburgh HSCP.	Establishment and	

Action		Lead	Outcome	Evidence	Progress made
9b	Recruitment specific microsite.			implemented workload management tool.	
9c	Open days with director input and an opportunity to meet potential colleagues and see the offices.				
10	Develop and operationalise a workload management tool.				
Workforce – pressure upon workforce					
11	Restructure management and governance (as 1 above).	Service Director	Improved management, accountability and responsibility.	Clear structure in place.	Principal Social Work Officer starting in July.
12	Review workforce skills, mix and size to ensure that we have the workforce capable of meeting the demand, now and in the future.	Locality Manager/ PSWO	Colleagues have the right balance between work demand and pressure and their own development and wellbeing.	Workforce development strategy and skills map in place.	Initial structure drafted that would strengthen social work management and governance. Oversight Group established.
13	Develop and operationalise a workload management tool (work with SWS – to identify how possible).	CSWO/ PSWO	We have the right level of suitably skilled and qualified workforce. Where vacancies occur, we have a speedy response to covering these.	Establishment and implemented workload management tool.	2 Business Support Officers appointed to streamline the recruitment processes.
14	Streamline recruitment process (as 8 above).	Council HR		Recruitment and onboarding timescales at or better than benchmarked organisations .	
Workforce – hybrid working					
15	Consult on, review, and develop consistent social work and social care working practices to enhance colleagues supports, learning development, and team morale.	Locality Manager/ CSWO	Colleagues working arrangements support the opportunity for informal peer support and discussion.	Established policy in place reflecting hybrid working and clearly outlining formal and informal support access.	Staff in office minimum of 2 days per week from March 2023.
16	Set clear expectations in relation to activities to be undertaken face to	Service Director/ CSWO PSWO	Teams experience increased cohesion and new staff have	Guidance written explaining hybrid approach to meetings	From March 2023, staff teams encouraged to

Action		Lead	Outcome	Evidence	Progress made
	face versus use of technology and virtual attendance.	Hub and Cluster Managers	as much support as is required to understand processes and building relationships with colleagues.	and contact with people. Workforce clarity on the informal and formal supports offered to assist undertake roles and responsibilities.	discuss how hybrid working can be most effective.
17	Review existing formal and informal support for social workers and social care workforce and develop workforce ideas on how these can be improved.				
18	Develop clear Team Plans on support, professional development, and quality standards of service.			Team plans.	
Workforce – Workforce Strategy and Plan					
19	Develop and implement Recruitment and Workforce Plan (Note: Recruitment and Workforce Plan to incl. succession planning, training and development; skill enhancement, T&Cs and strengthening the attractiveness of EHSCP as an employer of SW/SC workforce) Note interface with actions 6-10.	CSWO/ PSWO Locality Manager/ PSWO CSWO/PSWO	A detailed plan that is owned by the Social Work workforce. Staff that are retained, well developed, effective and proud to work in Edinburgh. The workforce strategy takes account of existing and future staffing, succession, and absence planning and career structures.	Workforce strategy – including benchmarking – in place and supporting low vacancy rates, high retention rates, and offering Edinburgh as a highly attractive and sought-after employer. Annual reporting in line with the EHSCP Workforce Plan. Workforce development strategy and skills map in place. Workforce data is available and has a level of	Working Together joint workforce strategy 2022-2025 approved by EIJB. Workforce plan being updated.
20	Review workforce skills, mix and size to ensure that we have the workforce capable of meeting the demand, now and in the future – benchmark with other HSCPs (see action 12).				

Action		Lead	Outcome	Evidence	Progress made
				segmentation that allows in-depth analysis and projection. Staffing levels are monitored as well as being reviewed in line with changing needs over time.	
21	Develop data to inform improved future workforce planning.				
SP17. Workforce – workload volume, complexity and resource availability					
22	Undertake strategic commissioning to address resource gaps with bed base (including respite) and mental health as priority in year 1.	Service Director – Strategic Planning CSWO/ PSWO	People receive services at the right time. Staff are not holding onto people because services are unavailable to access.	Clear planning and commissioning plan in place to address service gaps. Better outcomes for people as good services in place. Establishment and implemented workload management tool.	One Edinburgh programme for care at home has been agreed at EMT and will be presented to EIJB in first draft in June 2023 Development Session. Work underway for mental health commissioning plan.
23	Develop a caseload/work analysis tool or mechanism - work with SWS to identify how possible (see action 13).				
SP6. Demand – care package waiting times					
24	Review trajectory for number of people waiting on a package of care.	Locality Manager	Care packages are provided timeously. People live independently at home.	Reporting in line with trajectory. Review of delivery gaps, and plans in place to address these resource issues. Clear planning and	Number of people waiting for a package of care has reduced steadily throughout 2022/23. One Edinburgh Command Centre meets daily to review progress.
25	Improve process for matching into packages of care.				

Action		Lead	Outcome	Evidence	Progress made
				commissioning plan in place to address service gaps.	Future plans for One Edinburgh agreed at EMT in April 2023, including commissioning being presented to EIJB on 20 June 2023.
26	Develop new contract for care at home in tandem with inhouse model of reablement.				
Demand – Number of Mental Health Officers and Mental Health Officer waiting times					
27	Revise MHO working model – training, backfilled cover for training workload, supply and demand.	PSWO/ MHO Service Manager	The partnership delivers the Scottish average for mental health officers' work. There is sufficient staff capacity to meet increasing demand. MHOs are supported, trained and equipped to manage basic statutory roles and responsibilities.	Revised MHO working model exists. Dedicated MHO workforce plan in place, with clearly defined expectations regarding workforce size, training, succession planning and workload.	
28	Develop plan that supports MHO workforce to meet the demand for service, and establishes a workable caseload for MHOs.				
SP9. Demand – ineffective management of demand					
29	Extend strategic leadership and commitment to areas beyond delayed discharge and ASP.	Service Director – Strategic Planning CSWO/ Locality Manager Locality Manager/ PSWO CSWO/PSWO	Effective management of demand that is understood by staff and the public.	Demand and capacity modelling. Reduced waiting lists. Reduced purchasing levels.	Refer to actions 43-50 for progress made to date. Performance framework in development to support management and oversight. Assessment waiting list
30	Review Social Care Direct function, capacity and processes to support management of demand at front door (refer to detail in actions 43-50).				

Action		Lead	Outcome	Evidence	Progress made
31	Establish and report on the data regarding service support for matters in addition to delayed discharge and ASP.				performance report developed.
32	Develop a caseload/work analysis tool or mechanism - work with SWS to identify how possible (see action 13).				
Demand – workload pressures					
33	Conclude work on Organisational Structure (see Action 1).	Service Director – Operations	First line managers have the support and resources available to them that assist them manage their workload and demands of them. Senior social workers are supported in balancing demand, service capacity, risk and overseeing staff, including newly qualified social workers.	Clear structure in place. Clarity of supervision roles, responsibilities and expectations. Clear workload management statement/guidance for SSW. Clarity on the role, responsibilities, training, development, pay and reward for SSW role.	Principal Social Work Officer starting in July. Council L&D approached to support Training Needs Analysis.
34	Review the support and supervision arrangements of first line managers.	CSWO/ PSWO			
35	Review workload demands on SSWs.	Locality Manager/ PSWO			
36	Review SSW post, experience, skills T&Cs, training needs, etc. (link to TNA in Action 4).	PSWO			
Demand – hospital discharge					
37	Continue roll out of Discharge Without Delay in RIE and WGH.	Locality Manager Service Director – Strategic Planning	People prevented from being admitted to hospital. People being supported home on their planned day of discharge.	Number of occupied bed days. Number of people delayed in hospital. Feedback from service users.	Well established delivery plan for DwD. One Edinburgh programme for care at home has been agreed at EMT and will be presented to EIJB in first
38	Dedicate capacity to Hospital Social Work.	Service Director – Strategic Planning/			

Action		Lead	Outcome	Evidence	Progress made
39	Undertake strategic commissioning exercise to address resource gaps with bed base (inc respite and Care at Home as priority in year 1) (see Action 23).	Strategic Programme Manager	People living independently at home.		draft in June 2023 Development Session.

People in REH rehab wards currently being assessed with a view to a commissioning plan being completed by September 2023. |
| 40 | Undertake strategic commissioning exercise for people in Royal Edinburgh Hospital (Rehabilitation , Old Age and Psychiatry). | | | | |
| **Demand – Disproportionate time on screening** | | | | | |
| 41 | Improve decision making at Social Care Direct, allowing all work coming through to be allocated (see action 32). | CSWO/ Locality Manager | Improved communication between teams.

Stronger understanding of people's needs.

Effective management of demand that is understood by staff and the public.

Released capacity for other meaningful activites. | Case note audit.

Waiting list data and trends. | Project Initiation Document currently being drafted for a collaboration with children services, developing an integrated front door.

Council Corporate Services identifying resource to support development of self assessment and single tool to support access to the front door. |
| 42 | Review and update Eligibility Policy and procedure to support staff's accurate implementation. | | | | |
| **Early Intervention and Prevention - Social Care Direct – personal strengths and assets** | | | | | |
| 43 | Review Social Care Direct function, capacity and processes. | CSWO/Locality Manager | Increased focus on prevention, early intervention and asset-based community development working at front-door.

Reduction in the number of people needing social work | Review of SCD complete.

Options report completed.

Change programme in place.

Learning disseminated. | Initial meeting held with Glasgow HSCP – follow up meeting being arranged on back of data/reports being shared with EHSCP.

Project Initiation Document currently being drafted for |
| 44 | Options appraisal report to move to an integrated front door. | | | | |
| 45 | Change Programme with multi-agency operation and governance meeting. | | | | |

Action		Lead	Outcome	Evidence	Progress made
46	Learn from other HSCP (including Glasgow) front door and multi-agency safeguarding models.	CSWO/ Locality Manager	support. Increased access to local resources and non-statutory services.	Review of one system completed. Asset based team created. Online platform for self-assessment and signposting in place. Efficient and effective linkage with voluntary sector in place for support and self-assessment.	a collaboration with children services, developing an integrated front door – detailed dates will follow on it's completion. Council Corporate Services identifying resource to support development of self assessment and single tool to support access to the front door.
47	Review opportunities for one system that can support SCD to tap into voluntary sector and other resources (Thrive) that facilitate self-management.				
48	Develop initial response team, using asset-based approach.				
49	Develop on-line platform where people can self-assess and be redirected to voluntary sector and other resources that facilitate self-management.				
50	Enable improved interface with voluntary sector support – self assessment and access to support.				
Early Intervention and Prevention – inconsistent approach					
51	Commit to full implementation of strength based practice using 3 Conversations model – develop communications based on way forward.	Locality Manager/ Communications Manager	Staff have a strong understanding of strength-based practice. A consistent understand of what a good service looks like.	3Cs fully implemented and the only recognised approach being used. Good service training suite in place.	
52	Develop and deliver leadership training and development focussing on delivering a good service from start to finish.	Locality Manager	Approaches to early intervention and prevention are coordinated and consistent.	Rolling programme of quality assurance of early intervention and prevention in place.	

Action		Lead	Outcome	Evidence	Progress made
53	Quality Assure early intervention and prevention work.			Staff Surveys. Audit of case notes.	
Early Intervention and Prevention – policy and procedure					
54	Develop an early intervention and prevention strategy and procedure.	Service Director - Strategic Planning/ Strategic Programme Manager Council L&D	A strong understanding of prevention and early intervention. Procedures that staff can use to support practice. An understanding of staff's training needs.	Prevention strategy exists – or included explicitly in strategic plan. Approval of policies. Audit of implementation. Reporting to Governance Group. Clear early intervention planning and commissioning plan in place to address service gaps. Training and workforce development and change programme in place.	Build on the work of Community Mobilisation, community grants and the Edinburgh Pact which has a direct corelation with early intervention. The EIJB Strategic Plan is built on principles of early intervention. Above can be used as basis of procedures.
55	Review commissioning plans for service gaps or need for transformation e.g. respite, bed base, carers support etc.				
56	Improve and implement a joining up/reading across of existing preventative supports/frameworks.				
57	Include early and prevention in training needs analysis to identify learning needs for workforce and commission resources appropriately.				
Early Intervention and Prevention – investment in Telecare					
58	Develop a telecare/ digital strategy and commission in response to need.	Chief AHP	We invest in preventative services such as telecare. The City of Edinburgh is delivering	Increased use of telecare package and investment in place.	Initial work undertaken to link to Medium Term Financial Strategy. More

Action		Lead	Outcome	Evidence	Progress made
59	Review of existing budgetary use to determine how 'preventative spend' can be measured, tracked and evaluated.	HHS Manager/ Strategic Programme Manager	Scottish average levels of telecare across all age groups.	Measurement for preventative spend in place with data linked to spend available and produced for governance.	work required to evidence preventative spend.
Key Processes – Average waiting times against Scottish average and communication on waiting times					
60	Train and develop colleagues on managing waiting lists – take learning from NHS Lothian waiting list management.	Service Director – Operations	Our activities on the following areas are at or better than the Scottish average: period between first contact and having a completed assessment; average waiting times for an assessment; hours of unmet need.	Waiting list management training in place.	See 43-50 for progress relating to front door.
61	Review whether existing waiting lists are fit for purpose and if waiting lists can be merged, with view to making easier to manage waiting list.	Locality Manager/ PSWO		Establishment and implemented workload management tool.	Performance Framework currently under development and near to be finalised.
62	Develop a caseload management tool (see action 13) – work with SWS to see feasibility of this action.	PSWO/ CSWO	Our service responds to demand in a timely and prioritised manner.	Data reports available for managers to understand demand and supply data affecting service areas.	Performance report for assessment has been developed but needs further refinement.
63	Creation of improved data/management reports.	Service Director – Strategic Planning		Social work and care standards in place.	
64	Establish social work and care standards.	CSWO/PSWO	People on the waiting list are informed of their position, when they can expect to be seen.		Adult Support Protection practice standards in development with social work practice leads.
65	Develop a quality assurance framework with monthly learning from practice audits.	CSWO Office		Quality assurance framework in place with monthly audits.	
66	Manage demand at the front door - move away from contact - waiting list and move towards supports.	CSWO/ Locality Manager	We have a clear process and practice in place that keeps people informed as to what happens next and when for them, no matter the stage of	Workforce development strategy and skills map in place.	Quality assurance practice framework and audit program to start July.
		Locality Manager/ PSWO			
		Service Director – Strategic Planning		Clear planning and	

Action		Lead	Outcome	Evidence	Progress made
	needs being actioned as soon as additional needs identified (see actions 43-50).	Locality Manager	their assessment for care, support and protection.	commissioning plan in place to address service gaps.	
67	Review workforce skills, mix and size to ensure that we have the workforce capable of meeting the demand, now and in the future (see action 12).			Process in place that ensures those people who are awaiting a service or review, are advised and receive clear and regular communication regarding their wait.	
68	Review of process for communication to people whose needs cannot be met immediately and require to be placed onto a waiting list.			Case not audits.	
Social Work Practice – Quality of risk assessments					
69	Review and refresh procedure on risk assessment and management.	CSWO Office/ASP Lead	A robust approach to risk, supported by clear procedures and training is in place.	New procedure on risk assessment and management in place.	New Duty to Investigate with investigatory powers will be implemented 12 June 2023 which includes 3-point criteria, and the new codes of practice interpretations and risk assessment. 6 briefing sessions undertaken.
70	Establish social work and care standards (see action 66).			Social work and care standards in place.	
71	Develop Leadership training and development to focus on risk assessment and management (link to action 4).	CSWO Council HR/ L&D and PSWO		Leadership training suite in place.	
72	Develop a quality assurance framework with monthly learning from practice audits (see action 67).	CSWO	Defensible decision making clearly documented regarding actions and mitigation.	Rolling programme of quality assurance case file audits in place.	Quality assurance practice framework and audit program to start July.
Social Work Practice – quality of assessments					
73	Establish social work and care standards (see action 66).	CSWO	We produce assessments of people's needs which are of a	Social work and care standards in place.	Full Training Needs Analysis undertaken with staff

Action		Lead	Outcome	Evidence	Progress made
74	Ensure consistent assessment of need and risk across the whole service, focusing on peoples' strengths and community assets and focussing on - how can I help and what needs to change to make a person safe and regain personal independence.	CSWO Office and PSWO Council HR/ L&D and PSWO CSWO Office	high standard. We have management oversight arrangements, as well as Quality Assurance Frameworks that support consistent practice in this area.	3Cs fully implemented and the only recognised approach being used. Social work key processes and skill straining suite in place. Rolling programme of quality assurance of management and supervision in place. Rolling programme of quality assurance case file audits in place.	involved in hospital discharge re adults with incapacity, this informed development of the 'Working Across the Acts' training module. Module under ongoing development. Human Rights focused training delivered by 3rd sector partners CAPS and Carer's Council in place and accessible. See actions in response to 67 above as further evidence.
75	Review training and development offer for workforce incl. on the need to improve key social work functions (see action 4).				
76	Implement Quality Assurance audit for effective manager oversight and supervision recording.				
77	Develop a quality assurance framework with monthly learning from practice audits (see action 67)				
Key Processes – number of outstanding and overdue reviews and inconsistent approach to reviews					
78	Establish social work and care standards (see action 66).	CSWO Locality Manager Service Director/ Locality Manager/ CSWO Locality Manager/ CSWO Office	Overdue reviews are rare, and where they do occur, a clear mechanism of escalation exists. Reviews of support are a clear priority for social care and social work colleagues. We have a consistent and standard approach to reviews. We have clear procedure on undertaking, conducting and	Social work and care standards in place. Review policy in place. Backlog of reviews has been addressed. Use of AIS/SWIFT has been reviewed and recording guidance updated.	2 x agencies approached and identifying resource to support high impact team. Business case being drafted, linked to MTFP. HR L&D been approached to support TNA. Two new templates, embedded onto AIS
79	Prioritise outstanding reviews Review what services need to gain from a review, review policy and procedure and implement a streamlined approach to reviews of care and reassessment of need.				

Action		Lead	Outcome	Evidence	Progress made
80	Create a short-term 2 year High Impact Team via agency to address the backlog of outstanding reviews.	Council HR/ L&D and PSWO	recording the outcomes of reviews. This has included streamlining the recording process for reviews.	Social work key processes and skill straining suite in place.	improving recording and consistency for Adult Support and Protection risk assessment.
81	Streamline AIS/SWIFT recording.				
82	Review training and development offer for workforce incl. on the need to improve key social work functions (see action 4).			Rolling programme of quality assurance case file audits in place.	
Key Processes – welfare guardianship reviews					
83	Improve data reporting on welfare guardianships to ensure in line with statutory requirements.	PSWO/CSWO	We have clear standards, processes and reviews in place for welfare guardianships. We have a system in place that ensures that lapses in applications do not occur.	Data on welfare guardianship reviews available and reported to governance group.	Data reporting in place but needs to be revised to meet current needs.
84	Review and implement improved review and standards for welfare guardianship reviews.			Welfare guardianship review guidance created and issued.	
Key Processes – out of date policy and procedure					
85	Review/develop up to date policies and procedures.	CSWO Office

Corporate Services | Our policies and procedures are up to date and regularly reviewed. | All policies covering social work and social care are up to date and annually reviewed. | Adult Support and Protection Policy and procedure drafted and will come to Policy and Sustainability Committee for approval by October 2023. |
| **G3. Governance – oversight of key processes, legislation and service delivery** | | | | | |

Action		Lead	Outcome	Evidence	Progress made
86	Undertake legislative mapping of tasks required and systems in place to complete social work and social care duties.	Council HR/ L&D and PSWO	We have sufficient strategic leadership and management oversight of key processes, meeting legislative requirements, policies, procedures and guidance and ensure sufficient capacity and capability to deliver safe and effective services for vulnerable people.	Assurance and evidence that all legislative duties are mapped and have key processes in place. Training suite on key legislation and duties in place. Identifiable and secured capacity to undertake preparation and readiness for new legislation.	6 briefing sessions recently delivered for staff undertaking Adult Support and Protection work in advance of new process being introduced from 12 June 2023. Working Across the Acts' training module under ongoing development (focusing on Adults with Incapacity).
87	Ensure key legislation and statutory duties are linked to continuing professional development through workforce training (cross reference with action 4).				
88	Establish capacity to support effective change management for future legislative changes and requirements.				
G4. Governance – establishment of Social Work Governance arrangements					
89	Appoint a Principal Social Work Officer.	Locality Manager CSWO Office Service Director – Operations and Service Director - Strategy	The partnership has effective social work governance arrangements in place. Strategic decisions are always well informed by a social work perspective.	PSWO in post. Social Work and Social Care governance framework in place. Strategic developments are borne from data and business intelligence informed by operational demands.	Post appointed and successful candidate starting on 31 July 2023.
90	Establishment of a social work and social care governance framework – including mapping of what falls into the framework, and what sits elsewhere.				
91	Improve links between strategic planning and commissioning and operational pressures and priorities.				
G5. Governance – Social Work Governance Group and partnership/CSWO linkages					

Action		Lead	Outcome	Evidence	Progress made
92	Review relationship of Social Work Governance Group and Clinical and Care Governance Group.	CSWO/ PSWO	The partnership has fully effective social work governance arrangements in place. SWGG - The interface between this group and the partnership's wider clinical and care governance arrangements is effective and well-functioning.	There are effective and visible connections between SWGG and CCGG.

ToR for SWGG exists detailing its activity for social work governance and reporting to the CCGG/CSWO and EMT. | |
93	Set out revised ToR for Social Work Governance Group to reflect the development of social care governance framework.				
G6. Performance and Improvement – self-evaluation and strategic priorities					
94	Create a self-evaluation framework supported by overall social work and social care governance framework which links to strategic planning cycle.	CSWO Office	We have a clearly linked our self-evaluation activity directly to the strategic plan's priorities to support beneficial performance delivery.	Self-evaluation framework with linkages to strategic planning cycles is in place.	
G7. Social Work Practice - 3Cs – Implementation					
95	Commitment to concluding and unifying 3 Cs implementation.	Locality Manager

Corporate Services | There are clear 3Cs procedures and guidance in place, as well as supporting tools. Colleague feedback helps support, improve and develop our 3Cs approach. 3Cs is used as the primary framework for supportive help by all teams. | 3Cs implementation and uniformity of framework in place.

Capacity exists that supports developments in social work and social care developments that does not remove colleagues from main roles.

SWIFT has been replaced. | Business case for SWIFT replacement submitted to F&R for 20 June 2023. |
96	Develop capacity to develop policies and procedure not reliant on seconding and not replacing front line staff.				
97	Develop a new social work operating model (i.e. SWIFT replacement).				
G8. Social Work Practice - 3Cs – Forms and associated documentation					

Action		Lead	Outcome	Evidence	Progress made
98	Develop capacity to support wider engagement of external sector in 3Cs work.	Strategic Programme Manager	Service providers are knowledgeable of the 3Cs. 3C paperwork provides sufficient information to service providers to support the person.	Service providers are confident of the model of 3Cs.	
99	Development of training and development of staff and leaders to support effective change management.	HR/L&D		A training suite for internal and external workforce in place.	
G9. Social Work Practice – SDS – roll out and implementation of SDS					
100	Develop capacity and expertise to support training and development of staff and managers.	Locality Manager	Self-directed support has been fully implemented as an approach. Our approach builds on people's strengths and finding creative solutions.	Capacity exists that supports implementation of SDS and the choices that this provides people with.	
101	Explore opportunity to re-introduce Funding Independence Team.	HR L&D		All colleagues see themselves have a role in promoting SDS as an option.	
G10. Social Work Practice – supervision policy and procedure					
102	Review supervision policy, procedure and tools.	CSWO Office	The supervision policy and procedure have been refreshed. All staff are aware of the supervision procedure and policy and there is consistent use of the templates. Recording of supervision is also consistent.	Refreshed supervision policy, procedure and tools in place.	Policy review under way and will be complete by summer 2023.
103	Develop training and development of workforce and managers.			Training on supervision in place.	
104	Develop Quality Assurance framework in place that looks at quality and frequency of supervision.			Quality Assurance in place providing assurance regarding workforce supervision.	