

Policy and Sustainability Committee

10.00am, Tuesday, 24 October 2023

Adult Support and Protection and Social Work & Social Care Inspections Improvement Plan: Progress Report

Executive/routine
Wards

1. Recommendations

- 1.1 Note the progress reported in improving Adult Support Protection, Social Work and Social Care in relation to the Year One objectives set out in the improvement plan.
- 1.2 Note that this is the first quarter progress report in relation to the 3-year Service improvement plan and as such, deals with the fundamental building blocks of improvement that will underpin further service development ahead.
- 1.3 Note that this report will be presented to Edinburgh Integration Joint Board Performance and Delivery Committee on 29 November 2023.

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Adult Support and Protection and Social Work & Social Care Inspections Improvement Plan: Progress Report

2. Executive Summary

2.1 The purpose of this report is to inform the Policy and Sustainability Committee of the progress made since the publication of the Joint Inspection of Adult Support and Protection and the Inspection of Social Work and Social Care and the implementation of the subsequent improvement plan.

3. Background

3.1 A Joint Inspection of Adult Support and Protection practice in Edinburgh was carried out in the last quarter of 2022 and a full report was published on 14 February 2023.

3.2 A further inspection of adult social work and social care in Edinburgh was undertaken with the report on this inspection published 21 March 2023.

3.3 On 13 June 2023 the Edinburgh Integration Joint Board approved a detailed 3 year-Improvement plan response to both Inspections.

4. Main report

4.1 The first year of the Improvement Plan seeks to build on the strengths identified by the Inspection reports and focusses on the priorities outlines in the plan approved by the EIJB:

	Priority	Related High Level Actions
i)	Early intervention, prevention and demand management	<ul style="list-style-type: none">• 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.
ii)	Reducing waiting lists and improving access to services	<ul style="list-style-type: none">• 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.

iii)	Best use of resources to meet demand and improved structure.	<ul style="list-style-type: none"> • 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.
iv)	Basic and key processes	<ul style="list-style-type: none"> • 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.
v)	Workforce – recruitment, retention and governance	<ul style="list-style-type: none"> • 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.
vi)	Governance, including professional supervision, manager oversight and quality assurance.	<ul style="list-style-type: none"> • 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.

4.2 The year one improvements addresses the root causes of the weaknesses exposed by both inspections by strengthening the fundamental building blocks of good social work and adult protection practice. The plan seeks to bring about a culture change in both operational practices and strategic commissioning, all of which are being progressed at pace and in the face of rising demand and the need to deliver Mid Term Financial Efficiency Savings (MTFS).

4.3 We recognise that the service had become too reliant on waiting lists as a way of managing demand for both assessments and adult support and protection investigations. The medium-term aim is to drastically reduce waiting lists, with a view that we can eradicate them altogether in the future.

4.4 We will achieve this by establishing a strengths based approach (SBA) to all interactions with the public at all entry points, particularly at the Front Door, that will focus on the outcomes that people want to achieve.

Achievements so far

- 4.5 Progress summary against the Year One priorities is outlined below. Detailed progress can be found in Appendix 2. This outlines the lead SROs who are working on the timescales and status of each area as part of the new governance arrangements.
- 4.6 Many of the actions have been agreed by the EIJB and are being delivered by the Partnership on behalf of Council.
- 4.7 A cautious judgement has been provided at the end of each priority in terms of the current trajectory of the progress and outlook for the year ahead. However, this is an early indication and will be reviewed regularly by the Project groups and SROs in due course.

(i) Early intervention, prevention and demand management

- 4.8 We have started the work on a Prevention and Early Intervention model for EHSCP at the Front Door (Social Care Direct), in close collaboration with Children's, Housing services and other partners to develop a prevention model.
- 4.9 The service has begun delivering information advice and guidance (IAG), enabling people to retain choice and control for managing their own care and support needs more proactively by engaging informal support from their social network, local community, voluntary sector and universal services. By doing this we are reducing and delaying the need for long term care in one locality and we are working to extend to all localities. This has been focussed on the North East locality and evidence shows that this has reduced the number of referrals being passed to the Locality Screening Hub by 62% and in the process of being rolled out to all areas.
- 4.10 The Partnership has been practising the Three Conversations (3Cs) model in assessment and support planning. It provides a person-centred and strengths based approach for individuals to access the most appropriate support through discussion with the person. The 3Cs approach demonstrates better use of community resources whilst reducing the burden on the Purchasing budget. This approach is likely to reduce waiting times for social work by increasing use of third sector resources.

Summary

- 4.11 We are at the beginning of constructing an enabling and preventative model of adult health and social care from a wide range of support that are already available to people in the locally community, with a strong commitment from staff and partner organisations.

Progress trajectory/outlook

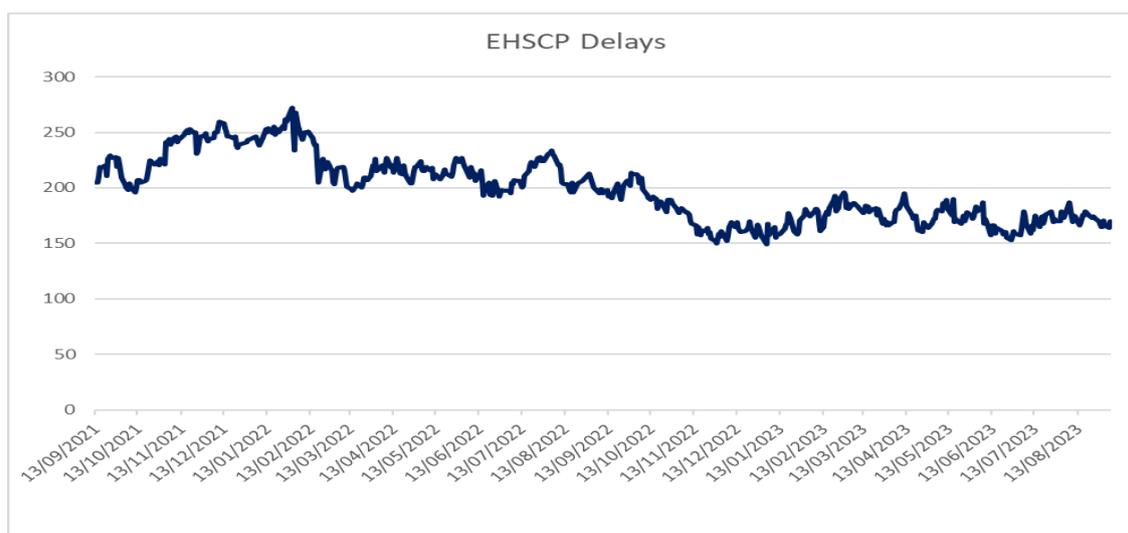
RED – Little/No progress and confidence in delivery is very low	AMBER – Some progress and confidence in the delivery remains high	GREEN – on track and expected to deliver outputs/benefits	BLUE – completed
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Key remedial actions

- 4.12 A number of meetings with staff groups and 3rd sector forums are taking place following two wider co-production stakeholder sessions in June and October, including a development session with the EIJB Strategic Planning Committee on 11 October 2023. This is with the intention of having an early intervention and prevention strategy approved by March 2024.
- 4.13 The Partnership is preparing to lead on the Pathfinder role for the Scottish Government's policy on "Getting it Right for Everyone" (GIRFE) by establishing a strong multi-agency collaboration for prevention and early intervention.

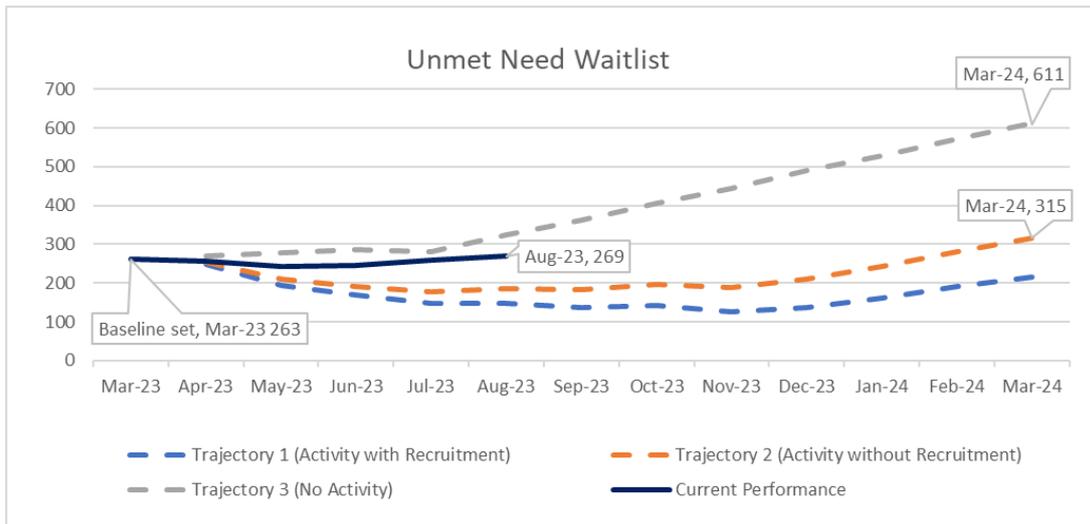
(ii) Reducing waiting lists and improving access to services

- 4.14 Delays have remained relatively steady with a downward trajectory, as shown in the figures below. There are 171 delays as of 31 August 2023. Although delays remain at a high level, they are consistently lower than those seen at this time last year. Overall there has been a 20% decrease on the figure seen at end of August 2022, with average number of Package of Care ranging between 24-37 and that for assessments between 23-35.

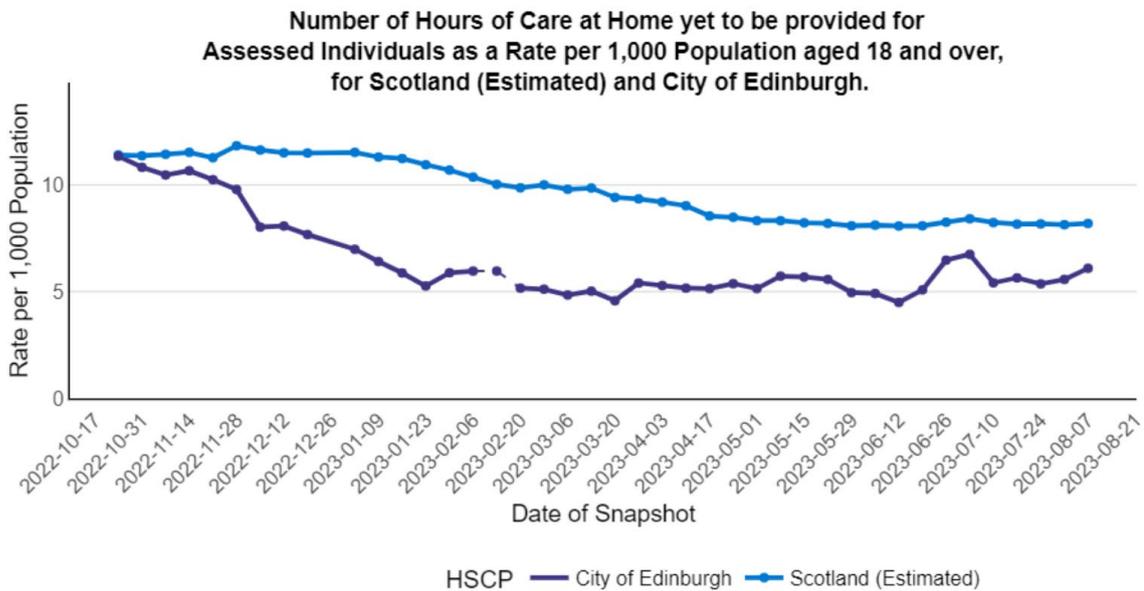


People waiting for a package of care

- 4.15 The number of people waiting on a package of care has been relatively steady since April this year. There were 269 people waiting for a PoC as at August 2023, which is a 57% decrease at this time last year. There has also been a 69% reduction from the peak of the waitlist in January 2022 (880 on 24/1/22).
- 4.16 We are currently above two of our trajectories for unmet need, further work is underway to understand the variance from the expected trajectory. This is most likely to be the results of a combination of factors, including seasonal fluctuation and short term instability in the market with some providers undergoing Large Scale Investigations (LSI), fewer new providers and the subsequent pressure on the remainder of providers. The upwards trend towards the end of the year in our trajectories reflects the impact of clearing the backlog of assessments, resulting in increased demand for packages of care.



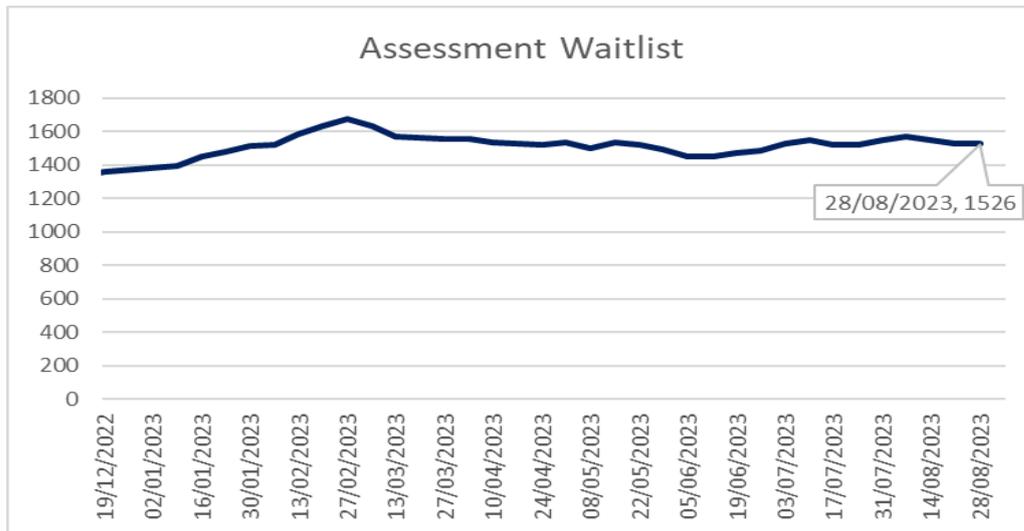
4.17 The Partnership has seen a slight increase in the Number of Hours of Care at Home yet to be provided but has remained below the national figure.



People waiting for an assessment of social care

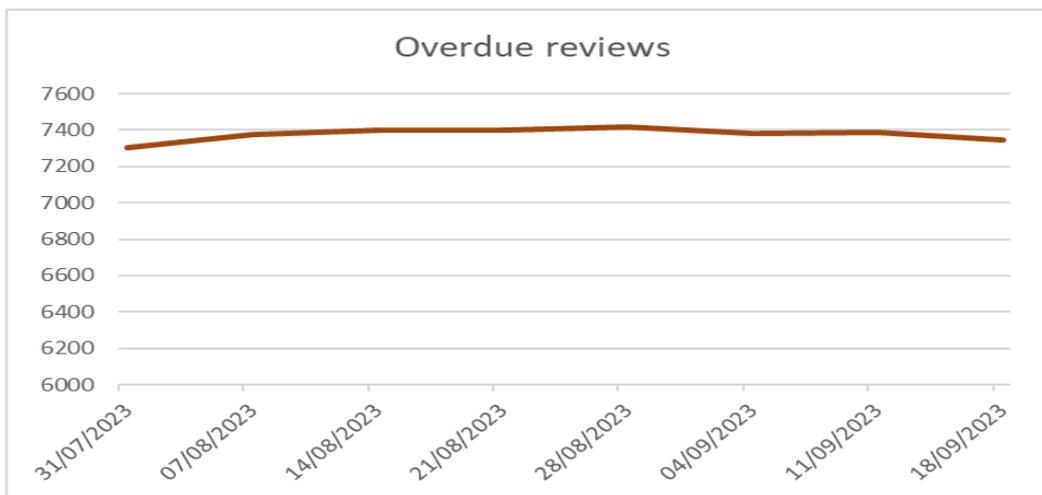
4.18 The assessment waitlist has also seen an overall reduction to 1,526 in August. Due to a data quality exercise and revised process/codes for waitlist data, the Partnership has limited historical data for the social care assessment waitlist to allow analysis, however the waitlist has seen a 6% reduction from March-August 2023.

4.19 We have no data to compare nationally for the assessment waitlist as we are aware that some partnerships do not include reassessments in data submitted to Public Health Scotland, which accounts for approximately 50% of the total figure for EHSCP.



Outstanding reviews

4.20 We continue to have a significantly high number of reviews to be undertaken, with approximately 7,418 reviews recorded in our system in August 2023. However, there are data quality issues that we are working to resolve urgently.



Summary

4.21 Holding steady and achieving some reduction in our waiting lists represents a marked improvement on our performance from last year, however, there is much more to be done to achieve our ambition to eradicate waiting lists altogether.

Progress trajectory/outlook

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Key remedial actions

4.22 We are implementing a robust hypothesis driven discharge planning approach with daily reflection on operational initiatives that have worked and those that did not and both feeding into a weekly systemic review of delays and waiting lists.

4.23 We have commissioned a review team to undertake the backlog of reviews since September and we are currently analysing data from the first weeks of operation, and we can see a slight reduction in our overdue reviews list.

Adult Support Protection (ASP)

4.24 The ASP Inspection Improvement Plan is an iterative process. Some significant progress has been made in advancing a number of the priority areas for improvement. Over the course of recent months, the appointment of an Adult Protection Lead Officer, Director of Public Protection for NHS Lothian and Principal Social Work Officer within the Partnership has given the opportunity for a review of the ASP Improvement Plan. The current emphasis remains on delivering the priority actions identified within the first year. Appendix 1 gives an overview of the key areas and progress achieved to date.

4.25 Following further investigation, the Principal Social Work Officer has identified potential data quality issues in our ASP data and remedial actions are being taken to resolve these.

4.26 A significant number of cases taken through ASP procedures are remaining open to formal measures and there has been marked increase in ASP case conferences over a four year period. The Principal Social Work Officer is actively working to reduce this and increase system capacity and has also established a weekly ASP Oversight Group to monitor system pressures and a weekly Social Work Supportive Leadership Forum to help increase confidence in decision making.

4.27 The ASP procedures are being reviewed to have multi-agency approach and are being revised through the Adult Protection Committee. The ASP Improvement plan (Appendix 1) has been updated to reflect the actions that have already been taken to ensure that the anticipated outcomes can be monitored and measured through audit.

4.28 The service has established renewed processes have been designed and implemented from June 2023, which addresses 3-point criteria for Adult Protection, risk assessments, as well as chronologies.

4.29 The ASP Key Performance Indicators have been reviewed and will be reported monthly by managers to Adult Protection Committee (APC).

4.30 An audit of ASP procedures and outcomes for a small sample of 50 cases has been completed and its findings have been fed back to the teams and workers involved. Result showed that:

4.30.1 68% were screened with 24hrs.

4.30.2 Over half of people had regular contact with staff.

4.30.3 58% had the 3-point criteria clearly documented as part of the Duty to Inquire.

4.31 Furthermore, the ASP Senior Practitioners are developing training on investigative interviewing technique to support investigators.

Summary

- 4.32 We have made some significant changes to the processes and protocols for managing adult protection, which will mean that staff can progress work much more easily than before, however we have a long way to go to shift staff behaviour and culture and improve practice.

Progress trajectory/outlook

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(iii) Best use of resources to meet demand and improved structure

- 4.33 A Lead Commissioner was appointed in August and started to work on analysing demand and cost of residential and care at home; trends in waiting-times for service, including people in hospital. The team is beginning to identify early opportunities to manage cost while maintaining quality, with further work planned on fee rates, reducing large packages of care, self-directed support, pathways for supporting adults and older people care home availability and others.
- 4.34 Commissioning Plans are being developed which set out a number of medium and longer-term actions that will enable more people to live and be supported at home and in community settings, with human rights being embedded in our practice and service delivery. Adult mental health bed capacity required over the winter has been estimated and a more detailed longer-term planning is underway.
- 4.35 A new Care at Home contract framework approved by the EIJB on 21 September 2023 and recruitment of brokers has started. A separate paper on care at home is being presented to this Committee meeting.
- 4.36 A project plan outlining a revised management structure for adult health and social care has been developed, which will ensure clarity on lines of accountability and governance.

Summary

- 4.37 Commissioning remains under-developed in Edinburgh and this presents a significant risk to the Partnership.

Progress trajectory/outlook

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Key remedial actions

- 4.38 We have instigated a Financial Huddle in each locality and managers are scrutinising every package of care costing above £250 per week and a High Cost

Review whereby senior managers doing the same for all costs above £1500 per week, both achieving some reduction in expenditure.

4.39 Whilst Edinburgh has a large, capable care at home market with well-developed plans to sustain it with a new Framework, technology, purchasing systems and practice, it is recognised that further development of other commissioning approach is required. Through the new Older People’s Pathway programme, we are developing improved pathways and more residential care for people who live with dementia or need nursing care. Through this work we are currently forecasting demand and capacity before engaging the market, developing pathways and commissioning intentions.

(iv) Basic and Key Processes

4.40 We recognise that essential processes, workflows, policies and procedures that underpin assessment, reviews and adult protection practice had fallen into disrepair which made it difficult for staff to follow optimum pathways for formulating plans and securing outcomes with service users.

4.41 Newly appointed Principal Social Worker Officer (PSW) and Chief Allied Health Professional will input into expansion of the 3Cs model and associated staff guidance.

4.42 The replacement of the Council’s database (SWIFT) business case has been approved and CLT hold the overall accountability and governance for the project. The detailed project plan and the cost savings expected are all in development.

4.43 Work is underway, reviewing other policies and procedures. An updated Direct Payment policy and procedure is also at this Policy and Sustainability Committee for approval.

Summary

4.44 The service has improved some of the fundamental processes particularly for handling adult protection and reviews in order to ensure that these are progressed with confidence and ease. However, there is a lot more work to be done here to achieve measurable improvement in the standards of care and support offered by the Partnership.

Progress trajectory/outlook

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Key remedial action

4.45 The Principal Social Work Officer (PSW) will be overseeing the implementation, monitoring and auditing of the new workflows to ensure that they are used appropriately to evidence the quantity and quality of care and support being planned and delivered.

(v) Workforce – recruitment, retention and governance

- 4.46 The EHSCP Executive Management Team has introduced new governance arrangements to support oversight and delivery of the workforce development that is required, by establishing a monthly Workforce Board. This started in August 2023, chaired by Chief Officer with a clear purpose of overseeing the effective implementation and delivery of the EIJB’s Workforce Strategy: “Working Together”.
- 4.47 A senior responsible officer has been appointed to engage staff from across the Partnership to develop the implementation of the workforce strategy. The immediate work plan for the Workforce Board includes capacity building and workforce planning; access to data and data cleansing; learning and development needs and our approach to supplementary staffing.
- 4.48 The service is collaborating with Children’s Services to host and attend Recruitment Events. A city-wide advert for all partnership Social Work vacancies in progress.

Summary

- 4.49 The Partnership’s strength is that we have a highly committed workforce with a relatively low staff turnover rate. Between June and August vacancies in locality assessment and care management teams reduced from 47.5 WTE to 42.2 WTE. 19.5 agency staff were recruited to fill some of these vacancies. Altogether 7 Social Workers, 1 Senior Occupational Therapist, 1 Occupational Therapists and 2 Community Care Assistants started employment in September. In October we are onboarding the following staff: 6 Social Workers, 1.5 Senior Occupational Therapist, 1 Occupational Therapist and 1 Community Care Assistant, 2 Senior Social Workers and 4 Mental Health Officers.
- 4.50 However, workforce development and demand and capacity estimates are severely limited by data quality on budgeted staffing establishments for the council, which is being worked on at pace.

Progress trajectory/outlook

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Key remedial actions

- 4.51 All teams are using iMatter, staff survey results, to respond to issues raised by staff including greater visibility of senior managers and Speak Up sessions in each locality in order to boost staff morale and resilience.
- 4.52 The service is taking a proactive step to co-ordinate and bolster our approach to maximising recruitment of all grades of staff.

(vi) Governance, including professional supervision, manager oversight and quality assurance

- 4.53 The Principal Social Work Officer (PSW) has been appointed and has engaged a variety of staff groups across all localities to assess and understand fully the current state of social work functioning in terms of assessment, reviews, adult protection, mental health officer role and Social Work governance arrangements.
- 4.54 An Adult Social Work Governance and Leadership Group has been established with a remit to consider a range of social work performance, quality and compliance measures. Two sub-groups are being established: i) Social Work Workforce/Learning & Development & ii) Policy consultation and implementation. This will give focus and strength to the overall leadership of social work within the Partnership and support wider partnership forums such as the Workforce Board and Clinical Care Governance Group. The focus is on enabling operational teams to have the capacity to implement identified improvements.
- 4.55 A Quality Assurance framework is in development, by bringing together our practice standards and audit arrangements. We expect this to be completed in the next quarter. Monthly learning sessions will follow audit reports. The appointment of the Chief Allied Health Professional has helped this development.
- 4.56 Managers are being supported to identify poor practice through regular audits and address them constructively with staff in supervision and through access to training.

Summary

- 4.57 We have made a strong start in addressing gaps in fundamental standards in social work practice and a complementary staffing structure is in development. It will take time to get them embedded into our operations.

Progress trajectory/outlook

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5. Reporting and Governance

- 5.1 With Social Work Services delegated to the Edinburgh Health and Social Care Partnership, the Edinburgh Integration Joint Board are accountable for the implementation of the improvement plan. It is being reported to the Policy and Sustainability Committee in order to meet Edinburgh Council's statutory duty to monitor service improvement required by the Inspection report. This report will also be presented to the EIJB Performance and Delivery Committee on 29 November.
- 5.2 At the Governance, Risk and Best Value (GRBV) Committee 1 August 2023, a report was received on the Edinburgh Health and Social Care Partnership Assurance Statement for 2022/23. Committee agreed not to fully accept the

assurance statement as being fully accurate as it did not fully reflect the current position of the Edinburgh Health and Social Care Partnership. The Interim Chief Officer was requested to include a response to the issues raised by the GRBV Committee in the upcoming Improvement Plan report to the Policy and Sustainability.

- 5.3 While it is not possible to amend the assurance statement for 2022/2023, action has been taken to ensure that there is improved governance of the controls outlined in the assurance statement. A new Health and Social Care Partnership governance structure has since been implemented that has a stronger focus on priorities, accountability, improved transparency of, and involvement in, decision making, managing change and the workforce. Details of the revised governance structure were presented to the EIJB on 29 August 2023 and were well received. These arrangements will be reviewed once the new Chief Officer is in post.
- 5.4 Escalation of risk is now included within the improvement plan report (appendix 2) and is included as a standing agenda item within the Oversight Group. The Partnership risk register is being updated to reflect risks and mitigating actions identified in the improvement plan. It is believed that between the new governance arrangements, the revised reporting in addition to the planned embedding of the Partnership's risk management framework, evidence to support assurance levels being provided to Committee will be significantly strengthened.

6. Next Steps

- 6.1 Present this report to the IJB Performance and Delivery Committee in November.
- 6.2 To continue to progress implementation in all areas and to review progress in Quarter 2.
- 6.3 Monthly progress on the Improvement Plans will be monitored through the Change Board, Workforce Board and Social Work and Social Care Improvement Plan Oversight Group. These Groups are part of the new governance arrangements that have been implemented within the Edinburgh Health and Social Care Partnership (EHSCP) to ensure effective decision-making, robust oversight of progress and clarity of accountability.
- 6.4 EHSCP Executive Management Team will continue to oversee the operational delivery of the Improvement Plans.

7. Financial impact

- 7.1 There are strong links between the improvement plan and the Medium-Term Financial Strategy. Many of the workstreams will deliver across our three change objectives: improving lives in Edinburgh, improving services and improving costs. However it should also be noted that there are also potential additional costs associated with clearing the assessment waiting list. At the time of writing the Edinburgh Integration Joint Board's financial plan remains unbalanced. In line with the integration scheme officers are developing a financial recovery plan. The

actions included in this recovery plan will be at odds with the aspirations set out in the improvement plan. As such, it brings severe risk of jeopardising achievements to date as well as future developments.

8. Equality and Poverty Impact

- 8.1 A detailed Integrated Impact Assessment of the Inspection Improvement plan is included in Appendix 3.

9. Climate and Nature Emergency Implications

- 9.1 There are no direct climate and nature emergency implications arising from the content of this report.
- 9.2 There are no direct environmental impacts arising from the content of this report.

10. Risk, policy, compliance, governance and community impact

- 10.1 The failure to implement this improvement plan will mean that the Council and the Partnership will be at risk of not meeting their statutory duties. We aim to mitigate this risk through implementing the improvement plan in full, working collaboratively across the Council and the wider health and social care system.
- 10.2 As outlined in section 7.1 above, the development of a financial recovery plan for 2023/24 will materially jeopardise the Partnership's ability to deliver the improvement plan. It will also result in poorer outcomes for vulnerable people and their carers and service performance will deteriorate. Partnership and Council Officers continue to work together to identify short, medium and long term solutions. However, if funding cannot be sourced to meet the deficit for 2023/4, it will not be possible to mitigate many risks associated with the savings being proposed.
- 10.3 The Oversight Group continue to review resources and staffing required to implement this plan. Appointment of the Principal Social Work Officer and Chief Allied Health Professional has provided additional leadership, and maximisation of existing resources within the Partnership and the Council remain priority. As there remains a risk that there is not sufficient staffing capacity to implement the improvements, there will be active monitoring of capacity requirements and escalation where identified.
- 10.4 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.

11. Background reading/external references

- 11.1 [Joint Inspection of Adult Support and Protection, City of Edinburgh](#)
- 11.2 [Inspection of Adult Social Work and Social Care Services in Edinburgh](#)

11.3 [3 year-Improvement plan](#)

12. Appendices

Appendix 1: Update on Year One Priorities for the Adult Support and Protection Improvement Plan.

Appendix 2: Update on the Year One High Level Actions for the Social Work and Social Care Improvement Plan.

Appendix 3: Integrated Impact Assessment of the Inspection Improvement Plan.

Appendix 1: Update on Year One Priorities for the Adult Support and Protection (ASP) Improvement Plan.

RAG status

RED – Little/No progress and confidence in delivery is very low	AMBER – Slow progress but confidence in the delivery remains high	GREEN – on track and expected to deliver outputs/ benefits	Blue - completed
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Target completion date for the Year One Priorities for the ASP is end of March 2024.

	Priority	Related High Level Actions	Governance	Update on progress	Outcomes and KPIs
1	The partnership should improve the quality of chronologies and risk assessments for adults at risk of harm. All adults at risk of harm who require a chronology and a risk assessment should have one.	<ul style="list-style-type: none"> Review Chronology and Risk Assessment templates Provide staff enhanced staff training on risk assessments and chronologies 	<p>Adult Support and Protection (ASP) Inspection Improvement Plan Oversight Group</p> <p>Adult Support and Protection (ASP) Quality Assurance (QA) sub-committee</p>	<ul style="list-style-type: none"> The partnership has produced clear guidance on the quality of chronologies and risk assessments for adults at risk of harm. New Duty to Inquire (DTI) with investigatory powers implemented 12 June and contain risk assessment, management oversight and chronology. This new ASP Investigation template 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. Audit programme will evaluate impact on number of cases with such evidence. Building on the briefing sessions regarding chronologies in Duty to Inquire and investigations further comprehensive training on chronologies is currently being developed by ASP senior practitioners in line with the Multi Agency Pan Lothian Chronology improvement work. Linked with establishment of Adult Protection Committee Learning & Development subgroup. Meeting to 	The partnership carries out a prompt adult protection investigation for all adults at risk of harm who require one to a required standard.

	Priority	Related High Level Actions	Governance	Update on progress	Outcomes and KPIs
		<ul style="list-style-type: none"> Specific chronology audit for assurance. 	ASP Inspection Improvement Plan Oversight Group ASP QA sub-committee	reconvene subgroup August 2023. The priority of this group will be to roll out chronologies and risk assessments training. <ul style="list-style-type: none"> Audit template to be developed in light of revised chronology template now in place 	Evidence available to demonstrate that chronologies and risk assessments are of a high quality.
2	The partnership should carry out a prompt adult protection investigation for all adults at risk of harm who require one.	<ul style="list-style-type: none"> Ensure that initial referral discussion, safety planning and timescales for investigation are discussed and recorded. Key Performance Indicators (KPI) Data to be improved to monitor timescales and timely responses for adults. 	ASP Inspection Improvement Plan Oversight Group ASP QA sub-committee	<ul style="list-style-type: none"> There is a new ASP Investigation questionnaire which 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 to a required standard. ASP Senior Practitioners are developing training on investigative interviewing techniques. Adult Protection Case Conferences out of timescale need authorisation by Chief Social Work Officer (CSWO). 	Reduce potential risk to adults by reducing time between ASP processes where possible. ASP referrals are screened within 24hrs of receipt.
		<ul style="list-style-type: none"> Ensure ASP DTI referrals are prioritised with a prompt ASP Investigations that meets agreed standards. 	ASP Inspection Improvement Plan Oversight Group ASP QA sub-committee	<ul style="list-style-type: none"> There is a new ASP Investigation questionnaire which 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 to a required standard. Review of KPIs and monthly data reports by managers and Adult Protection Committee (APC). 	

	Priority	Related High Level Actions	Governance	Update on progress	Outcomes and KPIs
		<ul style="list-style-type: none"> Review and reissue guidance on the standard for ASP investigations incorporating revised National Codes of Practice 	ASP Inspection Improvement Plan Oversight Group Adult Protection Committee	<ul style="list-style-type: none"> ASP Senior Practitioners are developing training on investigative interviewing techniques Revised ASP Procedures in draft-format. These will be multi-disciplinary and endorsed by the Adult Protection Case Conference (APCC). 	Multi-agency Procedures that include guidance within revised Codes of Practice.
		<ul style="list-style-type: none"> Review and renew training regarding ASP investigations. 	ASP Inspection Improvement Plan Oversight Group Adult Protection Committee	<ul style="list-style-type: none"> Revised ASP Procedures in draft-format. These will be multi-disciplinary and endorsed by the APCC. Training for new and existing Council Officers to include updated guidance. 	All council Officers to be confident and competent in applying revised multi-agency procedures.
		<ul style="list-style-type: none"> Audit for assurance. KPI data to be reviewed to monitor progress. 	ASP QA sub-committee Adult Protection Committee	<ul style="list-style-type: none"> Report to be provided to Adult Protection Committee. 	Evidence that investigations are conducted when there should be one.
3	The partnership should take steps to improve the quality of adult protection case conferences. It had undertaken improvements by creating additional posts for minute takers.	<ul style="list-style-type: none"> Review number of case conferences and those with a minute. 	ASP Inspection Improvement Plan Oversight Group ASP QA sub-committee	<ul style="list-style-type: none"> A decision has been taken on the standard and consistent approach to minutes and planning from case conferences. A standardised minute template has been developed. 	Case conferences all have a minute that is produced after them. Where possible this is completed by a member of Business Support.

	Priority	Related High Level Actions	Governance	Update on progress	Outcomes and KPIs
	It was too early to tell the impact of this.	<ul style="list-style-type: none"> Review existing number of minute takers in Business Support. 	ASP Inspection Improvement Plan Oversight Group	<ul style="list-style-type: none"> Business Support have increased number of minute takers through Scottish Government monies. Number is not sufficient to keep with demand. Ongoing review into recruitment and retention of minute takers. 	Increased number of APCCs with minute taker from business support.
		<ul style="list-style-type: none"> Report to APC on quarterly basis the number of APCs minutes and by whom. 	Adult Protection Committee	<ul style="list-style-type: none"> Report to next Adult Protection Committee. 	Monitor number of APCs without a minute taker.
		<ul style="list-style-type: none"> Audit the quality of minutes. 	ASP QA sub-committee	<ul style="list-style-type: none"> Audit program started in July, which will provide quality assurance regarding conference minutes. 	Evidence that regarding the quality of case conferences.
		<ul style="list-style-type: none"> Develop the quality of APCCs. 	ASP Inspection Improvement Plan Oversight Group	<ul style="list-style-type: none"> Guidance for APC Chairs and minute takers has been developed and circulated for consultation. Implementation of guidance in Oct 2023. 	Increased confidence and competence of those undertaking APCs.
4	Social work leaders should work to increase the service's capacity to carry out adult support and protection work promptly, effectively and efficiently.	<ul style="list-style-type: none"> Ensure that ASP processes and systems and managed effectively and efficiently to ensure staffing capacity is maximised. Reduce the number of APCC reviews which is disproportionately 	<p>ASP Inspection Improvement Plan Oversight Group</p> <p>Adult Protection Committee</p>	<ul style="list-style-type: none"> ASP Operational Oversight Group established to monitor weekly system pressures. SW Collaborative Leadership forum established to support confidence and decisiveness in decision making. Additional ASP senior pracs recruited to provide additional capacity and support to manage ASP activity. 	<p>Increased system capacity to manage ASP activity.</p> <p>APCC activity in line with national average.</p>

	Priority	Related High Level Actions	Governance	Update on progress	Outcomes and KPIs
		<p>high in City of Edinburgh Council.</p> <ul style="list-style-type: none"> Increased support of ASP activity. 			
5	<p>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.</p>	<ul style="list-style-type: none"> Review existing practice standards. Audit for assurance against practice standards. Development of multi-agency ASP procedures. 	<p>Adult Protection Committee ASP Inspection Improvement Plan Oversight Group</p>	<ul style="list-style-type: none"> New DTI with investigatory powers implemented 12 June and contains risk assessment, management oversight and chronology. Draft Practice standards in development with social work practice leads across all four localities. Full quality assurance framework in development. This will include Practice audits, Dip sampling regarding decision making and self-evaluation. Audit for assurance against practice standards. The Audit programme to evaluate ASP practice has started in July. Case recording procedure currently being written, which will provide guidance regarding management oversight and improved recording of supervision. Revised statutory social work supervision procedure has been developed in working groups and will be rolled out in August. Draft multi-agency ASP procedures. 	<p>Ensure that practice standards outline and make explicit issues of consistency, competence, and effectiveness for risk of harm and improving health and wellbeing.</p>
6	<p>The partnership should prioritise recommencement of multi-agency audits of adult support and protection records, quality assurance, and</p>	<ul style="list-style-type: none"> Development of multi-agency programme of audit activity 	<p>Adult Protection Committee ASP Inspection Improvement Plan Oversight Group</p>	<ul style="list-style-type: none"> Reinstatement of multi-agency audit programme has been agreed via the Adult Protection Committee. The Care Inspectorate file reading tool will be used to audit and provide quality assurance. Practice auditing has now resumed, and a quality assurance framework is being developed. The Interagency Referral Discussion (IRD) review group continues to review ASP IRD quality and is looking at multi-agency decision making. 	

	Priority	Related High Level Actions	Governance	Update on progress	Outcomes and KPIs
	self-evaluation activities for adult support and protection.		ASP QA sub-committee		
7	The adult protection committee should ensure it has direct representation from adults at risk of harm and their unpaid carers. Thus, it would benefit from their lived experience of adult support and protection.	<ul style="list-style-type: none"> Ensure service user and unpaid carer representation within APC and associated structures 	<p>Adult Protection Committee</p> <p>ASP Inspection Improvement Plan Oversight Group</p>	<ul style="list-style-type: none"> Commitment to hold a discussion on progressing this improvement priority at Adult Protection Committee. Once Committee decision is being made improvement plan will be updated accordingly. 	Clear position regarding service user and unpaid carer representation within Adult Protection Committee.

Appendix 2: Update on the Year One High Level Actions for the Social Work and Social Care Improvement Plan.

RAG status

RED – Little/No progress and confidence in delivery is very low	AMBER – Slow progress but confidence in the delivery remains high	GREEN – on track and expected to deliver outputs/ benefits	BLUE - completed
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	Priority	Related High Level Actions	Governance	Update on progress	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
1	Early intervention, prevention and demand management	Draft and consult on a prevention and early intervention strategy. SRO: Linda Irvine Fitzpatrick	Change Board	<p>Early Intervention and Prevention:</p> <ul style="list-style-type: none"> Stakeholder events held on 23 June and 10 October Horizon scanning session with Strategic Planning committee on 11 October. Various focused sessions with staff teams and fora. <p>Demand Management:</p> <ul style="list-style-type: none"> With Children and Families to host and attend Recruitment Events. City-wide advert for all partnership Social Work vacancies in progress. Agreement with HR to fast-track graduate social workers, supported by Practice Educators in their first year. 	Staff and citizens time to engage with coproduction of draft strategy.	<p>No of people engaging with co-production events.</p> <p>Co-Stakeholder report produced by 17 October.</p> <p>Draft strategy for formal consultation produced by 1 November.</p>		March 2024

	Priority	Related High Level Actions	Governance	Update on progress	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
				<ul style="list-style-type: none"> • First cohort of 16 student social workers started with the partnership in August. 				
		<p>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.</p> <p>Lead: Nikki Conway</p>	Social Work and Social Care Improvement Plan Oversight Group	<ul style="list-style-type: none"> • An early-intervention approach has been delivered through a 'test of change' (ToC) which saw additional resource at the first point of contact with Social Care Direct. This has been focussed on the North East locality and evidence shows that this has reduced the number of referrals being passed to the North East for screening. • An immediate and longer-term plan to implement the model in all four localities is currently being developed. 	Currently unclear what level of service the team could provide to the whole city within current staffing levels.	62% fewer people being sent to the Locality Screening Hub.		<p>ToC in NE from 17 Apr-28 Jul 2023.</p> <p>Phase 2 of testing to include the roll out to the other localities from 16 Oct 23 with all localities being included in this phase by the end of Dec 23. The roll out will only include DTI without investigatory powers and brand new work.</p>
2	Reducing waiting lists and improving access to services	Increase capacity through an agency Social Work team to undertake assessments and reviews of people in receipt of	Change Board	<ul style="list-style-type: none"> • The temporary team consisting of agency staff to undertake reviews and assessments has been approved, and whilst recruitment into posts has commenced by the agency this has been slower than expected. The team includes 	Slower than expected recruitment and some IT issues have slowed progress. IT issues required escalation within CEC.	Ensure that EHSCP meets its obligations to review the needs of individuals and services provided to them.		September 2024

	Priority	Related High Level Actions	Governance	Update on progress	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
		<p>services to ensure needs are being met.</p> <p>SRO: Nikki Conway</p>		<p>and is being led by a Team/Project Manager who is a qualified social worker with considerable experience of undertaking similar projects elsewhere. A senior social worker and a senior occupational therapist are in post and a further senior social worker is due to start before the end of the September.</p> <ul style="list-style-type: none"> The project team have identified an initial cohort of service users across a spectrum of cases requiring a review. The team will undertake reviews/ assessments using a strengths-based approach with a focus on ensuring right sizing of any care and support provision that promotes independence. In each review, the team will be considering both the quality of service delivery and any identified risks to individuals. Weekly meetings between EHSCP and the team are 		<p>Reduce the number of people waiting for reviews and assessments.</p> <p>Ensure the appropriate and proportionate use of all available resources to meet needs of individuals including 3rd sector organisations.</p> <p>Ensure that services are deployed to meet the needs of those in greatest need.</p> <p>Ensure that costed services are being utilised to best effect.</p>		

	Priority	Related High Level Actions	Governance	Update on progress	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
				ensuring close oversight of performance and learning.				
		<p>Develop trajectory to demonstrate tangible and quantifiable improvement for waiting lists to be brought in line with national averages as priority.</p> <p>Lead: Susan Macmillan</p>	Social Work and Social Care Improvement Plan Oversight Group	<ul style="list-style-type: none"> Trajectories are now in place and approved by the Whole System Delivery Oversight Board for delayed discharges, unmet need for packages of care at home and the assessment waitlist. 	<p>The delays trajectory includes the interim placements continuing beyond October 2023 but these have since been closed.</p> <p>We are experiencing challenges with capacity for packages of care at home with our external providers, which is putting pressure on our ability to reduce the unmet need waitlist.</p>	<p>Delayed discharges – 133 by 31 March 2024.</p> <p>Unmet need for packages of care at home – 215 by 31 March 2024.</p> <p>Assessment waitlist – 927 by 31 March 2024.</p>		Completed, trajectory now in place.
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	Change Board	<ul style="list-style-type: none"> Lead Commissioner started 31 August. In September so far: analysis of demand and cost of residential and care at home; trends in waiting-times for service, including people in hospital. 	<p>Capacity:</p> <ul style="list-style-type: none"> Commercial market management capability is limited. Strong employment and transient 	<p>Spending on care services move towards budget.</p> <p>Capacity is aligned to demand; waiting times for care</p>		March 2024

	Priority	Related High Level Actions	Governance	Update on progress	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
		<p>(including dementia, nursing, intermediate care) to meet people's needs.</p> <p>SRO: James Cuthbert</p>		<ul style="list-style-type: none"> • Early opportunities to manage cost while maintaining quality: <ul style="list-style-type: none"> – negotiate fee rates in 8th and 9th decile nearer to standard rates, – with reviewing teams, taper intensive packages for people leaving hospital by active review after discharge, – estimate costs and benefits, plan reviews. • For October, with commissioners and programme lead <ul style="list-style-type: none"> – Begin reviews. – Analyse demand and cost for self-directed support and other budget blocks. – Find causes of scarcity, plan practical remedial measures. – With NHS Lothian's bed-modelling programme, estimate medium- and long-term demand in residential care; prepare capacity plan. – Develop the Older People's pathway for 	<ul style="list-style-type: none"> – care workforce inhibits investment in training and development. – Tight capital and high land values limit opportunities for new building-based services, care home and supported accommodation in particular. – Sustainability: where is the balance of affordability, capacity and quality. – Flexibility: plans must create confidence while accommodating change, locally and nationally. 	<p>services stabilise and then decline.</p> <p>No adverse effect safety and quality. Measured improvement in priority areas of this Plan.</p>		

	Priority	Related High Level Actions	Governance	Update on progress	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
				<p>residential care, including internal services, Intermediate Care and HBCCC.</p> <ul style="list-style-type: none"> – Create list of short/medium term commissioning intentions to shape market. – Understand where new entrants to the market are needed. • In the Winter and Spring <ul style="list-style-type: none"> – Meet people who use services and care providers. – Work with commissioners on social care general strategy and plan, aligned to MTFS. – Align medium- and long-term commissioning plans to the Strategy. – Agree plans for future frameworks and blocks. • All interim block placement admissions ceased 1st September and all remaining people have been assessed. Work on flow needed to move away from interim use. 				

	Priority	Related High Level Actions	Governance	Update on progress	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
		<p>Undertake strategic commissioning exercise to ensure that the IJB has a clear understanding of service need for people with severe and enduring mental health problems.</p> <p>SRO: Linda Irvine-Fitzpatrick</p>	Change Board	<ul style="list-style-type: none"> • Programme is in early scoping stages. • Work underway to identify key workstreams and governance approach. • Data from recent Day of Care audit analysis informing further grip and control actions (until April 2024) for bed requirements. • New Era Cultural Change programme launched – 50 stakeholders participate in half day workshop; series of follow-on activities will commence in October 2023. • Health Improvement Scotland's Reducing Reliance on Acute inpatient care qualitative study which focussed on clinician's decision making process for admission published 3rd Sept and disseminated. • Paper completed for PSOB which sets out existing bed capacity and recommended configuration in the short-term (April 2024). • Commissioning Plan being developed which will detail a number of medium and 	<p>Increased acuity of people being managed in community settings.</p> <p>Demand for admissions higher than hospital capacity.</p> <p>Increased length of stay in acute admission wards.</p> <p>Lack of 24.7 supported accommodation in community settings.</p> <p>Legal implications of Human Rights Legislation.</p>	<p>Short term solution to manage current demand on inpatient resources was agreed on 22nd September 2023 with agreed KPIs to monitor impact.</p> <p>Commissioning Plan to be considered by appropriate governance groups throughout October 2023.</p> <p>New Era Cultural Change Programme schedule confirmed by 3rd September 2023.</p>		March 2024

	Priority	Related High Level Actions	Governance	Update on progress	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
				<p>longer term actions that will enable more people to live and be supported in community settings, ensure that our hospital resources are used for maximum therapeutic gain and human rights are embedded in our practice and service delivery.</p>				
		<p>Continue with One Edinburgh programme, increasing capacity for people requiring a package of care to live at home independently.</p> <p>SRO: Deborah Mackle</p>	<p>Change Board</p>	<ul style="list-style-type: none"> • Totalmobile: stabilised in NW and successful roll-out at SW, preparations underway for SE/NE/ONS, with a slightly adjusted plan to meet ONS needs. • Internal Redesign/External Commissioning: Development sessions held with IJB (20th June; 26th July). Submitting for approval Sept IJB. Coproduction with providers will be planned once outcome agreed. Finance lead updating savings target associated with reablement. • C@H brokerage: Successfully recruited 2 out of 4 brokerage officer posts and readvertised to fill final 2 brokerage officer posts. 	<p>Delayed start to research with Heriot Watt Uni.</p>	<p>Total mobile- on track to go live in remaining localities 10 October.</p> <p>Internal redesign – Paper approved at IJB on 21 September, implementation and transition planning underway.</p> <p>Brokerage – 2 staff commence 10 October, 1 other person appointed with a potential start date of</p>		<p>Totalmobile - Phase 1 initial implementation complete by end of December 2023. Additional work happening in the staged transition to BAU into 2024.</p> <p>Target completion date to be confirmed for Internal Redesign/ External Commissioning and C@H brokerage.</p>

	Priority	Related High Level Actions	Governance	Update on progress	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
						November and 1 remaining vacancy.		
		<p>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.</p> <p>SRO: David Small</p>	Workforce Board	<ul style="list-style-type: none"> • SRO has been appointed for the Restructure Project with Project Team established. • The team developed project plan and supporting documents to take the work forward. • Engagement with Senior Managers is taking place to inform revised structure. • The draft structure for both operational and professional lines will be ready for engagement in mid-Autumn. • Recent appointments of PSWO, Chief AHP, Clinical Nurse Managers will be integrated into the structure with clear professional lines to appropriate staff. 	<p>Complex project in a tight timescale. Risk that consecutive stages (engagement and consultation) may extend completion past end December 2023. This is being addressed by the project team and mitigation will be developed.</p>	Operational structure with clear lines of responsibility and strong professional lines.		Recruitment to commence by end of Dec 2023.
4	Basic and key processes	Introduce new ASP Investigation processes with specific chronologies and risk assessment.	Social Work and Social Care Improvement Plan Oversight Group	<ul style="list-style-type: none"> • New process designed and implemented by 12 June 2023. New process addresses 3-point criteria for ASP, risk assessment, as well as chronologies. 	Evaluation of the new process is required, to ensure the process is working as planned. Audit of the new process	Performance data reporting will now identify the two stages to our Duty to Inquire.		Completed

Priority	Related High Level Actions	Governance	Update on progress	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
	Lead: Matt Kennedy			will support the evaluation.			
	Roll out one assessment tool that ensures consistent approach across the city. Lead: Nikki Conway	Social Work and Social Care Improvement Plan Oversight Group	<ul style="list-style-type: none"> Staff consulted of the rollout of 3C's assessment tool. Roll out plan developed to deliver training on both the 3Cs approach and the assessment template. Newly appointed professional Social Work and AHP leads to input into expansion of the 3Cs model and associated staff guidance. 	<p>Risk that additional L&D resource may not be provided to facilitate rollout of 3C's training.</p> <p>Risk that implementation requires revision prior to approval.</p> <p>Risk that contracts of current interim staff may not be extended.</p>	<p>All assessment and care management team are using the assessment tool.</p> <p>Consistent approach to assessment process.</p> <p>Greater emphasis on early intervention and preventative approach that signposts more people to community services. Fewer people requiring statutory services.</p>		March 2024
	Replace SWIFT with a system that improves processes and	Change Board	<ul style="list-style-type: none"> SWIFT replacement has been agreed by CLT and the overall governance of the project sits within CEC. CGI 	The vendor process has identified that a WTE would be	Not applicable as still at vendor stage as part of		CLT to approve chosen vendor in Nov 23.

	Priority	Related High Level Actions	Governance	Update on progress	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
		creates service capacity, efficiency and safety. SRO: Anna Duff		are leading the project with input from EHSCP, Justice and Children's services. <ul style="list-style-type: none"> In planning for migration to a new system, data quality issues within EHSCP need to be addressed. Paper going to CLT to request decisions to support this activity. In medium term, work needs to focus on EHSCP aligning the project with other SRO's projects to ensure we can specify our business requirements on a new system e.g. 3 Conversations. 	recommended to support this workstream – This needs to be identified. Key issues identified around data quality on SWIFT system and lack of resource in plan to adequately address.	SWIFT Board project plan. 20,000 records to be cleansed. Plan being formulated to CLT.		Records target date Jan 24.
5	Workforce – recruitment, retention and governance	Increase work on advert and recruitment through more innovative routes. Lead: Nikki Conway	Workforce Board	<ul style="list-style-type: none"> Collaboration with Children and Families to host and attend Recruitment Events. City-wide advert for all partnership Social Work vacancies in place. Improvements achieved in timescales for recruitment and onboarding of new staff. Agreement with HR to fast-track graduate social workers, supported by Practice Educators in their first year. Cohort of 16 student social workers started with the 	Reporting not available on success of recruitment activity.	Reduce the length of time vacancies are unfilled. Reduce the time to hire.		Continuous action.

	Priority	Related High Level Actions	Governance	Update on progress	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
				partnership in August supported by new Student Hub.				
		Progress incentives and recruitment on a higher salary scale with HR for experienced Social Workers SRO: Rose Howley	Workforce Board	Work completed with HR to reflect the salary scale within the job advert which we will review in relation to recruiting adult social work and social care staff.	Agency use is still high at the moment which we want to address. Vacancy rates across EHSC remain variable.	Reducing % of agency use and reducing % of vacancy rates.		Continuous action.
6	Governance, including professional supervision, manager oversight and quality assurance.	Induction of Principal Social Work Officer. Lead: Nikki Conway	Social Work and Social Care Improvement Plan Oversight Group	<ul style="list-style-type: none"> Commenced on July 31st. Core induction complete. Developing understanding of a range of operational and professional social work challenges. PSWO is a member of ELT, Change Board and Workforce Board. PSWO has become involved in key areas of improvement including delivery of ASP, MHO service and Social Work governance arrangements. Introduction of ASP Operational Oversight Group and Supportive SW Leadership Group. 	Scale and scope of improvement work required. Established practice takes time to adjust and embed.	Increased focus on Social Work practice and Social Work leadership. Analysis of causes of ASP system pressures.		Completed, PSWO now in post.

	Priority	Related High Level Actions	Governance	Update on progress	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
		<p>Implement Quality Assurance audit for effective manager oversight and supervision recording.</p> <p>Lead: Matt Kennedy/Keith Dyer</p>	<p>Social Work and Social Care Improvement Plan Oversight Group</p>	<ul style="list-style-type: none"> A broader ASP audit programme has been initiated, reviewing 50 cases every second month. The audit reviews social work practice, including manager oversight and supervision recording. 	<p>Our work on practice standards has not kept pace with our audit programme, so many audits are still highlighting a lack of supervision recording in people's case notes.</p>	<p>Improved recording: evidenced through audit findings, analysed after each audit cycle, and reported to service managers.</p>		<p>Completed</p>
		<p>Launch of Quality Assurance Practice framework with monthly learning from practice audits.</p> <p>Lead: Matt Kennedy/Keith Dyer</p>	<p>Social Work and Social Care Improvement Plan Oversight Group</p>	<ul style="list-style-type: none"> As noted above, the monthly programme has shifted to a second month approach due to both auditing capacity, as well as the need for operational teams to have capacity to implement audit identified improvements. The practice framework is in development, building on existing practice standards. Monthly learning will follow audit reporting being established. An Inspection Oversight Group is taking forward the work identified within the ASP improvement plan. 	<p>Audit issues, aside from capacity relate to AIS and the poor quality of reporting that this system provides against the sample criteria.</p> <p>Linked to this is the legacy that AIS has never been able to report accurately on all of the previous standards.</p>	<p>Improved practice and compliance with practice framework identified through audits; improvement in average ratings across all areas of audit over time.</p>		<p>March 2024</p>

Appendix 3: Integrated Impact Assessment – Summary Report

Each of the numbered sections below must be completed.
Please state if the IIA is interim or final.

Interim report	<input checked="" type="checkbox"/>	Final report	<input type="checkbox"/>
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 (Tick as appropriate)

1. Title of proposal

Inspection Improvement Plans

2. What will change as a result of this proposal?

Following the Adult Support and Protection inspection (published 14 Feb 23) and the inspection of Adult Social Work and Social Care (published 21 March 23), EHSCP developed improvement plans to prioritise key actions to deliver good quality social work and social care services to keep people safe from harm. In June 2023, a report was submitted to the EIJB which cross-referenced the two improvement plans and identified Year 1 priorities.

These Year 1 priorities focused predominantly on Adult Support and Protection and included high-level actions relating to early intervention, prevention and demand management, reducing waiting lists and improving access to services, best use of resources to meet demand and improved structure, basic and key processes, workforce development and governance. Key actions included:

- Improving access at point of contact with a focus on Social Care Direct
- Increase capacity through the use of an agency social work team to reduce the backlog of reviews
- Undertake strategic commissioning exercises for bed based services and mental health services to ensure clear understanding of service need
- Increase capacity within care at home via the One Edinburgh programme
- Implement a revised and strengthened professional line management structure
- Introduce new ASP processes, an assessment tool and a new case management system to replace Swift
- Increase use of innovative routes to recruitment and incentives for key staff groups
- Implement Quality Assurance measures

3. Briefly describe public involvement in this proposal to date and planned

No public involvement is planned.

4. Is the proposal considered strategic under the Fairer Scotland Duty?

The Fairer Scotland Duty places a legal responsibility on particular public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage. None of the workstreams within the Improvement Plan negatively impact the Fairer Scotland Duty, and this proposal is not considered strategic under the terms of the duty.

5. Date of IIA

12 and 20 July 2023

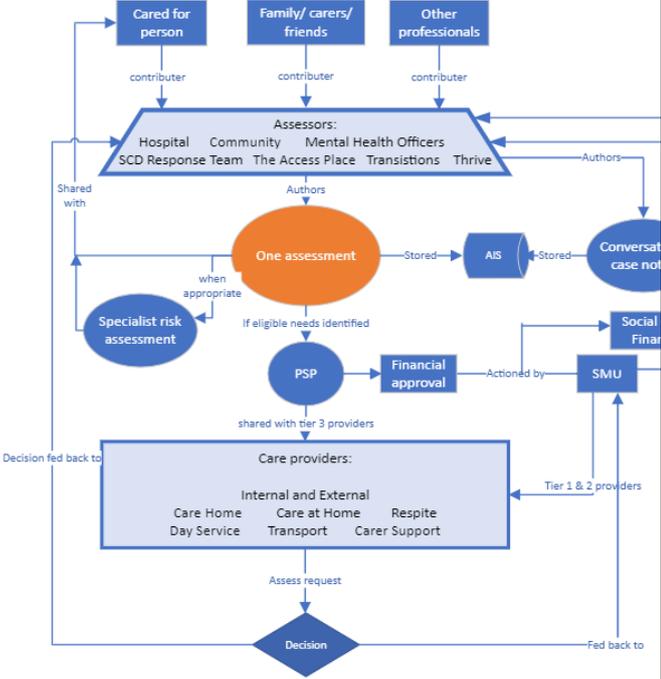
6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. Council, NHS)

Name	Job Title	Date of IIA training
Mike Massaro-Mallinson	Interim Chief Officer	
Nikki Conway	South East Locality Manager	
Deborah Mackle	South West Locality Manager	
Anna Duff	North West Locality Manager	
Janne Solpark	3C Practice Lead	
Bridie Ashrowan	Chief Executive, EVOG	
Jessica Haenow	Lead Officer, Edinburgh Adult Protection Committee	
Kirsty Dewar	Cluster Manager, NE	
Susan McMillan	Performance and Evaluation Manager	
Siobhan Murtagh	Senior HR Consultant	
Fiona Steiner	Access and Emergency Social Care Manager	
Catherine Mathieson	Cluster Manager	
Helen FitzGerald	Staffside rep, NHS	
Kirsten Hey	TU rep, CEC	
Sarah Hayden	SE Business Manager	
Rose Howley	Children Services Senior Manager	
Pete Pawson	Interim Programme Director	March 2023
Christine Farquhar	EIJB Service User Representative	
Rhiannon Virgo	Project Manager (Facilitator)	Feb 2020
Gosia Szymczak	Project Manager (Scribe)	Feb 2020

7. Evidence available at the time of the IIA

* Documents embedded within the table below are available on request.

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Data on populations in need:	<p>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</p> <p>Edinburgh HSCP Joint Strategic Needs Assessment: Health and Care Needs of People from Minority Ethnic Communities (April 2018)</p> <p>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</p> <p>Cultural Curiosity Survey 26 May 23 – Edinburgh Children’s Partnership Board</p> <p>Joint inspection of Adult Support and Protection (Feb 2023) Inspection of Adult Social Work and Social</p>	<p>Provides current and projected data on the wider population in the City of Edinburgh (<i>Population and demographics - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</i>)</p> <p>Provides an understanding of what contributes to poor health and wellbeing and the barriers and challenges to seeking and obtaining support (many being interrelated).</p> <p>Actions highlighted as needed to address these include:</p> <ul style="list-style-type: none"> • Staff training including cultural sensitivity • Recognition of the role of the Third Sector • Effective community engagement • Developing effective approaches to prevention including overcoming isolation. <p>https://www.edinburghhsc.scot/wp-content/uploads/2020/03/JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf</p> <p>Details the Strategic direction of the EHSCP https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf</p> <div style="text-align: center;">  <p>Cultural Curiosity Survey- Presentation :</p> </div> <p>Shows activities that each organisation is undertaking to better understand and support diversity across the city.</p> <p>Provides some intelligence on the level of unmet need: https://www.careinspectorate.com/images/documents/6974/Edinburgh%20adult%20support%20and%20protection%20report.pdf</p> <p>Provides some intelligence on the level of unmet need:</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p>3 Conversations dashboard</p> <p>Carers Survey</p> <p>Assessment process graphic</p>	<p>The 3 Conversations dashboard (July 23) sets out details of people supported through a 3C approach, including average wait times, length of conversations and numbers of people supported without the need for statutory services.</p> <p> 3Cs Dashboard - v10.8 - NEW - WE_Jul</p> <p>Vocal Carers Survey https://www.vocal.org.uk/carer-support/information-resources/vocal-carer-surveys/</p> <div data-bbox="635 846 863 1178" style="border: 1px solid black; padding: 5px;"> <p>Legislation: Adult Social Work SDS Act Adult Support and Protection Mental Welfare Commission</p> <p>CEC Strategic Priorities: 20 minute neighbourhood Poverty Commission Our Behaviours</p> <p>EHSCP Strategic Priorities: 3 Conversations Thrive GIRFE</p> </div> 
<p>Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.</p>	<p><i>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</i></p>	<p>Provides current and projected data on the demographics within Edinburgh</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Data on equality outcomes	SDS Uptake	Snapshot of SDS uptake as at 19 May 23 shows the client group and ethnicity of those receiving service.  SDS uptake 19 May 2023.xlsx
Research/literature evidence	Iriss – Doing social work and social care differently publication	Doing social work and social care differently Iriss Local Government Benchmarking Framework 2021/22. Local Government Benchmarking
Public/patient/client experience information	ASP Joint Inspection, Feb 2023 Home care survey	https://www.careinspectorate.com/images/documents/6974/Edinburgh%20adult%20support%20and%20protection%20report.pdf Satisfaction with home care services - 2022  Home Care Survey - Citywide Results (July) All registered services will have service user feedback, including Home Care and Day Care inspection, which is available on the Care Inspectorate website. SW complaints team. Poverty Commission https://edinburghpovertycommission.org.uk/ Carer's Joint Strategic Needs Assessment, July 2023  Carers JNSA - July 2023 - EMT.docx
Evidence of inclusive engagement of people who use the service and		Satisfaction with home care services - 2022  Home Care Survey - Citywide Results (July)

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		<p>Inspection of adult social work and social care services: the City of Edinburgh Inspection of adult social work and social care services March 2023</p> <p>Joint inspection of adult support and protection: City of Edinburgh Partnership, February 2023 https://www.careinspectorate.com/images/documents/6974/Edinburgh%20adult%20support%20and%20protection%20report.pdf</p> <p>Practice standards</p>  <p>Locality Practice Standards V6.docx</p>
Additional evidence required		

8. In summary, what impacts were identified and which groups will they affect?

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Positive:</p> <ul style="list-style-type: none"> • The commissioning exercises for bed based and mental health services will benefit people seeking to access those services, and their families and carers, by ensuring that the services are right-sized for the population of Edinburgh. • Commissioning will also identify areas that require additional resource infrastructure • Reduction in the backlog of people awaiting review will benefit individuals by ensuring that the support they are receiving is appropriate for their needs, enhances their strengths and utilises their assets. It will also ensure that resources are allocated more fairly as consistency is enhanced, and it will link people into local services. • Using a consistent, 3C approach to reviews will lead to more consistency in practice meaning people have a similar experience regardless of where they live. 	<p>All adults accessing services, including older adults, people of middle years, young adults, adults with physical or learning disabilities, long-term conditions, mental health issues or sensory loss.</p> <p>Carers and families</p> <p>People in different geographical communities</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<ul style="list-style-type: none"> • Improvements to the Front Door will ensure that people receive tailored support more quickly, and improve access to community services, self-management and early intervention • Increasing focus on preventative work and early intervention (eg One Edinburgh, reablement, Telecare) – will help people to remain more independent for longer, and will reduce pressure on services as fewer people tip into crisis as a result of delays • Better commissioning around physical disabilities, will lead to a wider choice of carers and services. • A decrease in staff turnover as a result of the retention measures will improve relationships between service users and staff • Improving ASP processes will streamline current recording and ensure that all legal requirements are met while maintaining a person-centred approach • Improving assessment processes will encourage the use of multi-disciplinary assessments where appropriate, which will benefit people in complex situations with multiple professions involved • Replacing Swift will ensure that data trends can be monitored and targeted actions can be developed more accurately • Replacing Swift will also improve speed of recording and reduce time spent on data processing activity • Initiatives relating to recruitment and retention will increase the workforce, which will reduce pressure on existing staff. Improving lines of accountability through the structure redesign workstream will improve professional supervision across all staff groups. • The focus on MH services will demystify and streamline support available for adults of all ages, including young adults and adults of working age. 	<p>Adults with incapacity</p> <p>Adults with protected characteristics</p> <p>Staff</p> <p>Staff</p> <p>Young adults, people of working age</p>
<p>Negative</p> <ul style="list-style-type: none"> • Increasing reviews may increase uncertainty and stress if packages of support change as a result. This will be mitigated by all assessments and reviews being carried out in a person-centred, asset-based way to build on a person’s strengths and interests, and by clear communication. 	<p>All adults accessing services, including older adults, people of middle years, young adults, adults with physical or learning disabilities, long-term conditions,</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<ul style="list-style-type: none"> • Potential increase in complaints if people are dissatisfied with changes to support plans. There may be a perception of loss if non-traditional support (eg telecare, community resources) is offered rather than a package of care. This will be mitigated by all assessments and reviews being carried out in a person-centred, asset-based way to build on a person's strengths and interests, and by clear communication. • People from minority ethnic backgrounds already experiences issues in accessing assessments, any change could result in more access difficulties. The Front Door redesign workstream will ensure mitigations are included in their recommendations, potentially via advocacy and translation services. • People living on their own may be more likely to be more adversely affected by changes to services, i.e. through social isolation. This will be mitigated by strengthening our early intervention and prevention offer by linking people to local resources within their own community • Staff may feel more scrutinised by structural changes or threatened by agency staff. This will be mitigated by developing appropriate comms and engagement to enable staff to share their views and to understand drivers behind changes to structures or use of agency teams. • The implementation of a new case management system (replacement of Swift) will require all staff to adapt to and become familiar with the new system. This may particularly affect part-time or shift workers as they have less opportunity to practice new processes, and fewer opportunities to access support. This will be mitigated by rigorous user acceptance testing during the implementation of the new system, and appropriate training provision. 	<p>mental health issues or sensory loss.</p> <p>Carers and families</p> <p>Minority ethnic people (includes Gypsy/Travellers, migrant workers, non-English speakers)</p> <p>People living alone</p> <p>Staff, particularly part-time or shift workers</p>

Environment and Sustainability including climate change emissions and impacts	Affected populations
<p>Positive</p> <ul style="list-style-type: none"> • Increased use of local options may reduce emissions 	<p>All</p>
<p>Negative</p> <ul style="list-style-type: none"> • None identified 	

Economic	Affected populations
<p>Positive</p> <ul style="list-style-type: none"> • Increased access to services as waiting lists are cleared • Increased use of local community resources • Upskilling staff through increased focus on training in new technology and techniques (telecare, reablement) • Commissioning could result in widening the range of providers we work with, which will benefit businesses operating within Edinburgh 	<p>All adults accessing services, including older adults, people of middle years, young adults, adults with physical or learning disabilities, long-term conditions and sensory loss.</p> <p>Carers</p> <p>Business community</p> <p>Staff</p>
<p>Negative</p> <ul style="list-style-type: none"> • There is a potential that if formal support is reduced, this may result in carers providing more care, which could have a financial impact. However, as existing criteria for support will be applied, this is likely to be very small numbers, and will be mitigated by sensitive, holistic reviews which consider the impact on carers as well as the person supported. 	<p>Carers</p>

9. Is any part of this policy/ service to be carried out wholly or partly by contractors and if so how will equality, human rights including children’s rights, environmental and sustainability issues be addressed?

Services associated with this proposal will be provided across CEC, NHS Lothian, voluntary and/or private sector organisations, most of which are commissioned or purchased by the Partnership. All equality, human rights, environmental and sustainability issues are covered by the Contractual or Framework Agreements, good practice guidance or the contracted terms and conditions. Where it is required continued oversight, monitoring and assured sustainability will be provided by the Partnership. Where children/ young people are within scope, they too will be covered as above.

10. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.

All communications plans/ strategies will be compliant with;

- UK Government guidance on Accessible Communication formats (2021); and

- The Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018.

Consideration will also be given to the use of different mediums and channels for sharing information.

A full communications plan will be developed as part of the implementation process. Further information on the EHSCP Communications and Engagements policies can be found by contacting our Comms team at ehscp.communications@edinburgh.gov.uk

- 11. Is the plan, programme, strategy or policy likely to result in significant environmental effects, either positive or negative? If yes, it is likely that a Strategic Environmental Assessment (SEA) will be required and the impacts identified in the IIA should be included in this. See section 2.10 in the Guidance for further information.**

No

- 12. Additional Information and Evidence Required**

None

- 13. Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) Please complete:**

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
6-monthly review of IIA to ensure any additional impacts are identified	Mike Massaro-Mallinson, Head of Operations		January 2024
Consider setting up a focus group for specific feedback from people with lived experience. Include representation from The Promise champions board.	Nikki Conway, SE Locality Manager		
Link with Homelessness services to ensure that the improvement plans do not adversely affect people experiencing homelessness	Nikki Conway, SE Locality Manager		

- 14. Are there any negative impacts in section 8 for which there are no identified mitigating actions?**

Mitigating actions have been identified for all negative impacts.

15. How will you monitor how this proposal affects different groups, including people with protected characteristics?

This proposal will continue to be reviewed with ongoing consideration to any impacts that arise.

16. Sign off by Head of Service

Name

Brickchand Ramruttun

Date

29 September 2023

17. Publication

Completed and signed IIAs should be sent to: integratedimpactassessments@edinburgh.gov.uk to be published on the Council website www.edinburgh.gov.uk/impactassessments

Edinburgh Integration Joint Board/Health and Social Care
sarah.bryson@edinburgh.gov.uk to be published at www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/