

# Policy and Sustainability Committee

10.00am, Tuesday 12 March 2024

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

Executive/routine  
Wards  
Council Commitments

### 1. Recommendations

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It is recommended that Policy and Sustainability Committee:

- 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 second quarter progress report in relation to the 3-year service improvement plan and as such within year 1, deals with the fundamental building blocks of improvement that will underpin further service development ahead.
- 1.3 Note that this report has been presented to the Edinburgh Integration Joint Board Performance and Delivery Committee on 6 March 2024 and any key points will be subject to discussion at this meeting.

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# Report

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

### 2. Executive Summary

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- 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 plans.

### 3. Background

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- 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

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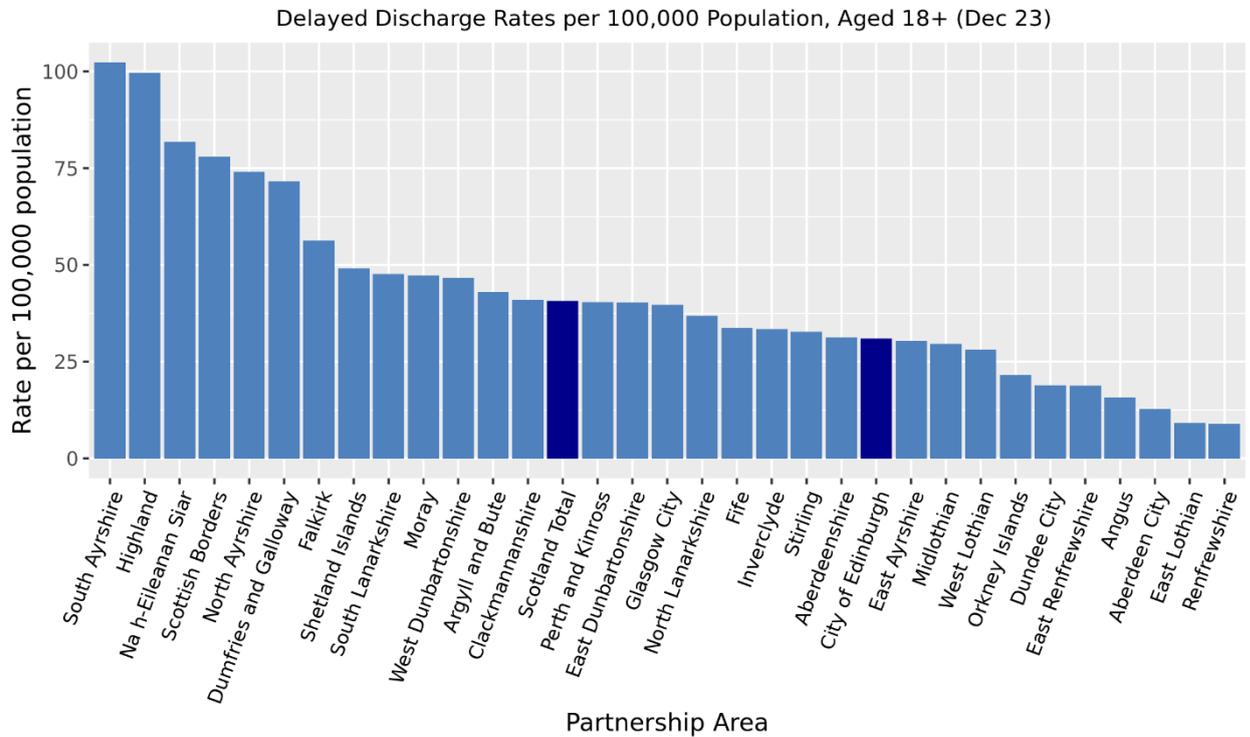
- 4.1 To satisfy the requirements of the Care Inspectorate, an improvement plan has been developed in response to each of the inspection reports.
- 4.2 Appendix one details progress against the improvements made in response to the inspection of Adult Support and Protection in Edinburgh. Appendix two details progress against the improvement plan for the Social Work and Social Care inspection agreed by the EIJB on 13 June 2023.
- 4.3 The year one improvements continue to address the root causes of the weaknesses exposed by both inspections by strengthening the fundamental building blocks of good social work and adult protection practice.
- 4.4 The plans seek to bring about a culture change in both operational practices and strategic commissioning, all of which are being progressed at pace. However, the length of time that it will take to fully implement all the necessary improvements and embed cultural change should not be underestimated, especially while managing high levels of demand and an extremely challenging financial climate. As has been agreed at previous committees, an annual review of the improvement plans will be undertaken to review progress and ensure priorities remain fit for purpose. This annual review will be undertaken over the summer.

- 4.5 As can be seen in the attached reports, work in response to the inspections has been taken very seriously. A cautious approach has been applied to the RAG status. Work remains underway on the key performance metrics for both plans that will help demonstrate tangible evidence of where improvements have and have not had an impact on service delivery and people.
- 4.6 There are 3 improvement areas that have been graded as red. Detail is as follows:
- 4.6.1 ASP Improvement Plan – The partnership should carry out a prompt adult protection investigation for all adults at risk of harm who require one: One of the actions has been to review and update the Adult Support and Protection Policy and Procedure. This was initially drafted as a single agency policy and procedure. However, it has since been agreed that it should be revised to fully reflect the multi-agency nature of ASP. The policy is therefore being updated and will be submitted to the Adult Protection Committee for agreement prior to submission through each organisation’s policy approval process. An updated Integrated Impact Assessment will be undertaken to reflect the multi-agency approach. Date for completion and approval will be agreed within the coming month, along with timescales for training of staff.
- 4.6.2 Social Work & Social Care Improvement Plan: Due to unplanned temporary loss in capacity, the development of the Early Intervention Strategy had to be paused. Work has since restarted, and the first full version of the strategy has now been drafted. It is proposed that a revised target date for completion is June 2024.
- 4.6.3 Social Work & Social Care Improvement Plan: An agency Social Work team was approved to undertake assessments and reviews of people in receipt of services to ensure needs are being met. Due to poor performance of the team observed in the first quarter, immediate action was taken and recruitment was frozen. Since this time, there has been improved performance with the number of reviews undertaken and savings attributed to those reviews. The RAG status has been graded as red due to risk of not delivering targets set for March 2024. A weekly report is being submitted and routinely reviewed by senior managers. There is now evidence of improvement in this area. A review of progress will be undertaken in March 2024 and decision made on the future of this team.

Performance:

- 4.7 Appendix 3 provides detail on the Partnership’s performance against delayed discharges, numbers of people awaiting a package of care and the numbers of people awaiting a social care assessment.

4.8 For the number of people delayed in hospital and the number of people awaiting a package of care, the Partnership are ahead of both trajectories and, in the lead up to winter have performed reasonably well. Benchmarking nationally, the Partnership have been performing in the top 50% of all Health and Social Care Partnerships in Scotland. Compared to the beginning of 2022, this is a significant improvement in performance.



4.9 The main area of challenge remains in the assessment of social care need. While there have been some slight improvements, numbers remain high and the Partnership remain in the bottom 25%, when benchmarked against other Health and Social Care partnerships in Scotland. Analysis is underway of the waiting lists to further understand changes in that demographic. For example, the number of social work assessments have reduced, but the number of occupational therapy assessments increased as an overall proportion. This detail will be included in further reports once analysis has been completed.

## 5. Next Steps

- 5.1 To continue to progress implementation in all areas and to review progress in Quarter 3.
- 5.2 Monthly progress on the Improvement Plans will be monitored through the Adult Protection Committee, Edinburgh Health and Social Care (the Partnership) Change Board and Social Work and Social Care Improvement Plan Oversight Group.

## 6. Financial impact

- 6.1 There are strong links between the improvement plan and the Medium-Term Financial Strategy.
- 6.2 At the time of writing this report, the Edinburgh Integration Joint Board's financial

plan remains unbalanced for 2023/24. In line with the integration scheme officers are developing a financial recovery plan. The actions included in this recovery plan are at odds with the aspirations set out in the improvement plan. As such, it brings risk of jeopardising achievements to date and improvements in performance. Performance is monitored weekly (daily in some cases) to ensure that there is an understanding of any impact relating to recent activity. For 2024 onwards, integrated impact assessments are being undertaken to ensure there is a clear understanding of the impacts relating to savings plans being developed.

## **7. Equality and Poverty Impact**

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- 7.1 A detailed Integrated Impact Assessment of the Inspection Improvement plan was completed and include in papers for Policy and Sustainability Committee on 24 October 2023. On completion of the annual review, a further Integrated Impact Assessment will be completed.

## **8. Climate and Nature Emergency Implications**

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- 8.1 As a public body, the Council has statutory duties relating to climate emissions and biodiversity. The Council
- “must, in exercising its functions, act in the way best calculated to contribute to the delivery of emissions reduction targets”
- (Climate Change (Emissions Reductions Targets) (Scotland) Act 2019), and
- “in exercising any functions, to further the conservation of biodiversity so far as it is consistent with the proper exercise of those functions”
- (Nature Conservation (Scotland) Act 2004)
- 8.2 The City of Edinburgh Council declared a Climate Emergency in 2019 and committed to work towards a target of net zero emissions by 2030 for both city and corporate emissions and embedded this as a core priority of the Council Business Plan 2023-27. The Council also declared a Nature Emergency in 2023.

### **Environmental Impacts**

- 8.3 There are no direct environmental impacts arising from the content of this report.

## **9. Risk, policy, compliance, governance and community impact**

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- 9.1 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. The Partnership 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.
- 9.2 As outlined in section 6.2 above, the development of a financial recovery plan for 2023/24 will jeopardise the Partnership’s ability to deliver the improvement plan. It may also result in poorer outcomes for vulnerable people and their carers. EHSCP, Council and NHS Officers continue to work together to identify short,

medium and long term solutions. However, if funding cannot be sourced to meet the deficit for 2023/24 and particularly 2024/5, it will not be possible to mitigate many risks associated with the savings being proposed.

- 9.3 The Oversight Group continue to review resources and staffing required to implement this plan. 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. Background reading/external references**

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- 10.1 [Joint Inspection of Adult Support and Protection, City of Edinburgh](#)  
10.2 [Inspection of Adult Social Work and Social Care Services in Edinburgh](#)  
10.3 [3 year-Improvement plan](#)

## **11. Appendices**

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Appendix 1: Update on progress against the Adult Support and Protection (ASP) Improvement Plan.

Appendix 2: Update on progress against the Social Work and Social Care Improvement Plan.

Appendix 3: Operational Key Performance Indicators

**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 Oct-Dec Milestones for Jan-Mar	Issues, challenges, risks	Outcomes and KPIs	RAG
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"> <li>Review Chronology and Risk Assessment templates</li> <li>Provide staff enhanced staff training on risk assessments and chronologies</li> </ul>	<p>Adult Support and Protection (ASP) Inspection Improvement Plan Oversight Group</p> <p>Adult Support and Protection (ASP) Quality Assurance (QA) sub-committee</p>	<p><b>Update on progress Oct-Dec</b></p> <ul style="list-style-type: none"> <li>Audit programme will evaluate impact on number of cases with such evidence.</li> <li>The application of chronologies in ASP continues to be developed by ASP senior practitioners in line with the Multi Agency Pan Lothian Chronology improvement work.</li> <li>The Adult Protection Committee Learning &amp; Development subgroup has been re-established and is progressing key learning opportunities for staff. This includes roll out chronologies and risk assessments training.</li> </ul>	There is limited capacity to develop and offer risk assessment and chronology specific training.	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 Oct-Dec Milestones for Jan-Mar	Issues, challenges, risks	Outcomes and KPIs	RAG
				<p><b>Milestones for Jan-Mar</b></p> <ul style="list-style-type: none"> <li>Chronologies and risk assessment training.</li> <li>Development of chronologies in line with Pan Lothian approach.</li> </ul>			
		<ul style="list-style-type: none"> <li>Specific chronology audit for assurance.</li> </ul>	<p>ASP Inspection Improvement Plan Oversight Group</p> <p>ASP QA sub-committee</p>	<p><b>Update on progress Oct-Dec</b></p> <ul style="list-style-type: none"> <li>The chronology template is validated and now in place.</li> <li>October audit finding was that 73% of cases had a chronology which is comparable to 78% which were findings at the point of inspection.</li> </ul> <p><b>Milestones for Jan-Mar</b></p> <ul style="list-style-type: none"> <li>Monthly audit will address quality of chronology alongside completion data.</li> </ul>	<p>Compliance and competing priorities preventing completion of chronologies.</p>	<p>Evidence available to demonstrate that chronologies and risk assessments are of a high quality.</p>	
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"> <li>Ensure that initial referral discussion, safety planning and timescales for investigation are discussed and recorded.</li> </ul>	<p>ASP Inspection Improvement Plan Oversight Group</p> <p>ASP QA sub-committee</p>	<p><b>Update on progress Oct-Dec</b></p> <ul style="list-style-type: none"> <li>Recent audit activity shows a high level of compliance with timescales at the point of screening.</li> <li>New templates ensure that DTIs with Investigative powers are being completed where necessary.</li> </ul>	<p>Compliance will continue to need to be monitored.</p> <p>Reduction in 2 auditors within Quality Assurance Team from</p>	<p>Reduce potential risk to adults by reducing time between ASP processes where possible.</p>	

	Priority	Related High Level Actions	Governance	Update on progress Oct-Dec Milestones for Jan-Mar	Issues, challenges, risks	Outcomes and KPIs	RAG
		<ul style="list-style-type: none"> <li>Key Performance Indicators (KPI) Data to be improved to monitor timescales and timely responses for adults.</li> </ul>		<p><b>Milestones for Jan-Mar</b></p> <ul style="list-style-type: none"> <li>Audit activity to demonstrate that this is now embedded in practice.</li> </ul>	January. 2 auditors to be recruited.		
		<ul style="list-style-type: none"> <li>Ensure ASP DTI referrals are prioritised with a prompt ASP Investigations that meets agreed standards.</li> </ul>	<p>ASP Inspection Improvement Plan Oversight Group</p> <p>ASP QA sub-committee</p>	<p><b>Update on progress Oct-Dec</b></p> <ul style="list-style-type: none"> <li>Audit activity shows a high degree of compliance with prompt screening of ASP referrals.</li> </ul> <p><b>Milestones for Jan-Mar</b></p> <ul style="list-style-type: none"> <li>Demonstration that prompt management of ASP referrals is now embedded in practice.</li> </ul>	Multiple competing demands for staff and front-line managers.	ASP referrals are screened within 24hrs of receipt.	
		<ul style="list-style-type: none"> <li>Review and reissue guidance on the standard for ASP investigations incorporating revised National Codes of Practice</li> </ul>	<p>ASP Inspection Improvement Plan Oversight Group</p> <p>Adult Protection Committee</p>	<p><b>Update on progress Oct-Dec</b></p> <ul style="list-style-type: none"> <li>Progress has been made on the multi-agency ASP Procedures which are now in an advanced state. These will be multi-disciplinary and endorsed by the Adult Protection Case Conference (APCC).</li> </ul>	Complexity and importance of preparing multi-agency procedures that are reflective of current practice and fit for the future.	Multi-agency Procedures that include guidance within revised Codes of Practice.	

	Priority	Related High Level Actions	Governance	Update on progress Oct-Dec Milestones for Jan-Mar	Issues, challenges, risks	Outcomes and KPIs	RAG
				<b>Milestones for Jan-Mar</b> <ul style="list-style-type: none"> <li>Multi-agency procedures will be made available for consultation and presented to the Committee for validation.</li> </ul>			
		<ul style="list-style-type: none"> <li>Review and renew training regarding ASP investigations.</li> </ul>	ASP Inspection Improvement Plan Oversight Group  Adult Protection Committee	<b>Update on progress Oct-Dec</b> <ul style="list-style-type: none"> <li>Training for new and existing Council Officers to include updated guidance within the National Codes of Practice.</li> </ul> <b>Milestones for Jan-Mar</b> <ul style="list-style-type: none"> <li>ASP Senior Practitioners are reviewing the level 3, with the view to a dedicated level 3 for Council Officers only.</li> </ul>	This is tied to the progression of the ASP procedures which have been delayed to ensure that they are multi-agency in scope. Revised deadline currently being revised.	All council Officers to be confident and competent in applying revised multi-agency procedures.	
		<ul style="list-style-type: none"> <li>Audit for assurance.</li> <li>KPI data to be reviewed to monitor progress.</li> </ul>	ASP QA sub-committee  Adult Protection Committee	<b>Update on progress Oct-Dec</b> <ul style="list-style-type: none"> <li>Two audits completed between Oct- Dev.</li> </ul> <b>Milestones for Jan-Mar</b> <ul style="list-style-type: none"> <li>Audit activity in Jan-March to inform future areas for improvement and developments.</li> </ul>	Capacity for audit activity.	Evidence that investigations are conducted when there should be one.	

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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. It was too early to tell the impact of this.	<ul style="list-style-type: none"> <li>Review number of case conferences and those with a minute.</li> </ul>	ASP Inspection Improvement Plan Oversight Group  ASP QA sub-committee	<b>Update on progress Oct-Dec</b> <ul style="list-style-type: none"> <li>A standard minute template presented to the AP committee.</li> </ul> <b>Milestones for Jan-Mar</b> <ul style="list-style-type: none"> <li>Validation of standardised minute at Jan AP committee. Rate of APCC to be proportionate to population of the city to ensure that capacity for minute takers is available.</li> </ul>		Case conferences all have a minute that is produced after them.  Where possible this is completed by a member of Business Support.	
		<ul style="list-style-type: none"> <li>Review existing number of minute takers in Business Support.</li> </ul>	ASP Inspection Improvement Plan Oversight Group	<b>Update on progress Oct-Dec</b> <ul style="list-style-type: none"> <li>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.</li> </ul> <b>Milestones for Jan-Mar</b> <ul style="list-style-type: none"> <li>New streamlined Adult Protection Committee invite, agenda and minute tabled for January Adult Protection Committee.</li> </ul>	Rate of APCC remains high but 30% reduction on previous high.	Increased number of APCCs with minute taker from business support.	

	Priority	Related High Level Actions	Governance	Update on progress Oct-Dec Milestones for Jan-Mar	Issues, challenges, risks	Outcomes and KPIs	RAG
				<ul style="list-style-type: none"> <li>Reduction in number of APCC without independent minute taker.</li> </ul>			
		<ul style="list-style-type: none"> <li>Report to APC on quarterly basis the number of APCs minutes and by whom.</li> </ul>	Adult Protection Committee	<p><b>Update on progress Oct-Dec</b></p> <ul style="list-style-type: none"> <li>Information now available weekly.</li> </ul> <p><b>Milestones for Jan-Mar</b></p> <ul style="list-style-type: none"> <li>Adult Protection Committee will be provided with a report outlining number of APCs with minutes.</li> </ul>	None identified	Monitor number of APCs without a minute taker.	
		<ul style="list-style-type: none"> <li>Audit the quality of minutes.</li> </ul>	ASP QA sub-committee	<p><b>Update on progress Oct-Dec</b></p> <ul style="list-style-type: none"> <li>Bi-monthly audit program started in July 2023 , which will provided quality assurance regarding conference minutes.</li> </ul> <p><b>Milestones for Jan-Mar</b></p> <ul style="list-style-type: none"> <li>New streamlined Adult Protection Committee invite, agenda and minute tabled for January Adult Protection Committee to ensure minutes are readily available.</li> </ul>	None identified	Evidence that regarding the quality of case conferences.	

	Priority	Related High Level Actions	Governance	Update on progress Oct-Dec Milestones for Jan-Mar	Issues, challenges, risks	Outcomes and KPIs	RAG
		<ul style="list-style-type: none"> <li>Develop the quality of APCCs.</li> </ul>	ASP Inspection Improvement Plan Oversight Group	<p><b>Update on progress Oct-Dec</b></p> <ul style="list-style-type: none"> <li>Guidance for APC Chairs and minute takers has been developed and circulated for consultation.</li> </ul> <p><b>Milestones for Jan-Mar</b></p> <ul style="list-style-type: none"> <li>Adult Protection Case Conference quality report will be available from January 2024.                             <ul style="list-style-type: none"> <li>Report will address quality of initial and 1<sup>st</sup> reviews.</li> </ul> </li> </ul>		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"> <li>Ensure that ASP processes and systems and managed effectively and efficiently to ensure staffing capacity is maximised.</li> <li>Reduce the number of APCC reviews which is disproportionately high in City of Edinburgh Council.</li> </ul>	ASP Inspection Improvement Plan Oversight Group  Adult Protection Committee	<p><b>Update on progress Oct-Dec</b></p> <ul style="list-style-type: none"> <li>ASP Operational Oversight Group established to monitor weekly system pressures.</li> <li>SW Collaborative Leadership forum established to support confidence and decisiveness in decision making.</li> <li>Additional ASP senior pracs recruited to provide additional capacity and support to manage ASP activity.</li> <li>The rate of case conferences and IRDs held</li> </ul>	Maintaining manageable levels of ASP activity against available 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 Oct-Dec Milestones for Jan-Mar	Issues, challenges, risks	Outcomes and KPIs	RAG
		<ul style="list-style-type: none"> <li>Increased support of ASP activity.</li> </ul>		<p>each monthly are reaching more manageable levels which ensure greater capacity to manage ASP work.</p> <p><b>Milestones for Jan-Mar</b></p> <ul style="list-style-type: none"> <li>Continue to ensure that open ASP cases are managed effectively and that the use of measures does not continue beyond the point of necessity.</li> </ul>			
5	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.	<ul style="list-style-type: none"> <li>Review existing practice standards.</li> <li>Audit for assurance against practice standards.</li> <li>Development of multi-agency ASP procedures.</li> </ul>	Adult Protection Committee ASP Inspection Improvement Plan Oversight Group	<p><b>Update on progress Oct-Dec</b></p> <ul style="list-style-type: none"> <li>There is evidence of increased compliance with key processes. For example, ASP audit in October 2023 found that 69% of cases had management oversight (40% at inspection).</li> <li>Recognition of need to develop the strategic element of the ASP Committee.</li> </ul> <p><b>Milestones for Jan-Mar</b></p> <ul style="list-style-type: none"> <li>Priorities for Jan-Mar are to increase compliance with new processes and</li> </ul>	<p>Audits continue to flag inconsistent practice.</p> <p>Audits alone cannot alter practice.</p>	Ensure that practice standards outline and make explicit issues of consistency, competence, and effectiveness for risk of harm and improving health and wellbeing.	

	Priority	Related High Level Actions	Governance	Update on progress Oct-Dec Milestones for Jan-Mar	Issues, challenges, risks	Outcomes and KPIs	RAG
				<p>increase consistency in practice.</p> <ul style="list-style-type: none"> <li>ASP Committee has a Development session scheduled for February. This will initiate a process of self-evaluation</li> </ul>			
6	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.	<ul style="list-style-type: none"> <li>Development of multi-agency programme of audit activity</li> </ul>	<p>Adult Protection Committee</p> <p>ASP Inspection Improvement Plan Oversight Group</p> <p>ASP QA sub-committee</p>	<p><b>Update on progress Oct-Dec</b></p> <ul style="list-style-type: none"> <li>A programme of multi-agency audit programme via the Adult Protection Committee is being developed following agreement at AP Committee.</li> </ul> <p><b>Milestones for Jan-Mar</b></p> <ul style="list-style-type: none"> <li>Multi-agency audit programme being designed across the three agencies. Initial meetings arranged to devise model, reporting and shared resource to complete this.</li> <li>QA Sub of APC reviewing ToR to have end-to-end review of processes (self-evaluation) on a rolling 6-month basis.</li> <li>New reporting on quality of case conferences to be</li> </ul>	<p>Capacity – the CI audit tool in 197 questions in length. Capacity to complete, analyse and report to Adult Protection Committee.</p> <p>Colleagues clear on the need, the harvesting of information/data for each step of ASP (multi agency) is likely to prove challenging.</p>	<p>Clear understanding of the strengths and areas for improvement across the multi-agency delivery of Adult Protections.</p> <p>Finding will inform further additions to the Improvement Plan and shared understanding of priorities and areas for collaboration across key agencies.</p>	

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				made available in January 2024.			
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"> <li>Ensure service user and unpaid carer representation within APC and associated structures</li> </ul>	<p>Adult Protection Committee</p> <p>ASP Inspection Improvement Plan Oversight Group</p>	<p><b>Update on progress Oct-Dec</b></p> <ul style="list-style-type: none"> <li>This remains a live agenda items at Adult Protection Committee.</li> </ul> <p><b>Milestones for Jan-Mar</b></p> <ul style="list-style-type: none"> <li>Previous work on this being reviewed and discussed with co-chairs.</li> <li>A Development Session has been planned for members of the Adult Protection Committee in February 2024 which will help inform future profile of the committee.</li> </ul>	<p>There are important considerations to be given to the progression of this improvement action.</p> <p>Supporting resource would be required for participation.</p>	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 Oct-Dec Milestones for Jan-Mar	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><b>Update on progress Oct-Dec:</b></p> <ul style="list-style-type: none"> <li>Stakeholder event held on 10 October 2024.</li> <li>Horizon scanning session with EIJB Strategic Planning Committee on 11 October held.</li> <li>Various focused sessions with staff teams and fora.</li> <li>Due to unplanned leave, work on this strategy was paused for approximately 4 weeks.</li> </ul> <p><b>Milestones for Jan-Mar:</b></p> <ul style="list-style-type: none"> <li>Draft Strategy submitted to Chief Officer for review.</li> <li>Review deadline for completion – expected June 2024.</li> </ul>	<p>Staff and citizens capacity to engage with coproduction of draft strategy.</p> <p>Due to the strategy development being delayed, the RAG status reflects that the deadline of 31 March will not be achieved.</p>	<p>No of people engaging with co-production events.</p> <p>Co-Stakeholder report produced by 17 October.</p> <p>Agreed understanding of EIJB contribution to early intervention and prevention.</p>		<p>March 2024</p> <p>Revised to June 2024.</p>
		Improve access for people at the point of contact	Social Work and Social Care Improvement Plan	<p><b>Update on progress Oct-Dec:</b></p> <ul style="list-style-type: none"> <li>An early-intervention approach has been delivered through a ‘test of change’ (ToC) which saw additional resource at the first point of contact</li> </ul>	<p>Established that the current staffing levels are not sufficient to manage both DTI</p>	<p>62% fewer people being sent to the Locality Screening Hub.</p>		<p>ToC in NE from 17 Apr-28 Jul 2023.</p>

	Priority	Related High Level Actions	Governance	Update on progress Oct-Dec Milestones for Jan-Mar	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
		<p>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>	Oversight Group	<p>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.</p> <ul style="list-style-type: none"> <li>Between Oct – Dec 2023, support with DTI without investigatory powers was rolled out to all localities.</li> <li>A further plan is in development, which will include increasing the team in order to undertake all first contacts.</li> </ul> <p><b>Milestones for Jan-Mar:</b></p> <ul style="list-style-type: none"> <li>Develop a plan to roll out support for all first contacts to all locality teams.</li> <li>If plan approved, complete roll out by Mar-24</li> </ul>	investigations without powers and first contacts.			<p>Roll out to all localities support for DTI without investigatory powers completed by Dec-23.</p> <p>First contact roll out to all locality teams by Mar-24</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 services to	Change Boad	<p><b>Update on progress Oct-Dec:</b></p> <ul style="list-style-type: none"> <li>Due to poor performance of the team observed in the first quarter, the Team Manager was replaced with a new Team Manager starting on 14<sup>th</sup> November and recruitment was frozen.</li> <li>Since then performance has improved, with 43% of completed reviews resulting in a reduction in</li> </ul>	<ul style="list-style-type: none"> <li>Slower than expected recruitment and some IT issues have slowed progress. IT issues required escalation within CEC.</li> <li>Issues with previous</li> </ul>	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 Oct-Dec Milestones for Jan-Mar	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
		<p>ensure needs are being met.</p> <p>SRO: Nikki Conway</p>		<p>service and an average of 9 reviews per week being completed by the team.</p> <ul style="list-style-type: none"> <li>• Reviews still not being completed at rate expected, however this is due to the complex cases being reviewed.</li> <li>• Due to improved performance, additional recruitment has now been authorised.</li> </ul> <p><b>Milestones for Jan-Mar:</b></p> <ul style="list-style-type: none"> <li>• Learning to date to be shared with the wider operational management team.</li> <li>• Linking with contracts and commissioning to take a targeted approach to reviews that support current priorities.</li> </ul>	<p>leadership, now resolved.</p> <ul style="list-style-type: none"> <li>• Issues with providers being resistant to supporting reviews.</li> </ul>	<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 Oct-Dec Milestones for Jan-Mar	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
		<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>	<p>Social Work and Social Care Improvement Plan Oversight Group</p>	<p><b>Update on progress Oct-Dec:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>In October 2023, the delayed discharges trajectory was changed to the scenario without interim placements being in place as we did not have the funding to continue these placements.</li> <li>A revised trajectory for unmet need was developed and approved in November 2023 to reflect significant changes in the external market conditions that were out with our control.</li> </ul> <p><b>Milestones for Jan-Mar:</b></p> <ul style="list-style-type: none"> <li>Continue to monitor progress against trajectories on a weekly basis through our EHSCP System Flow Group. Initial trajectories for 2024/25 developed in collaboration with operational teams</li> </ul>	<p>The delays trajectory originally included the interim placements continuing beyond October 2023 but these have since been closed and the trajectory changed to the scenario without the interim placements in place, leading to an expected increase in delays over winter.</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. This is driven by higher than expected</p>	<p>Delayed discharges – revised to 201 by 31 March 2024. At 122 the December 2023 figure was below the target of 182 but is trending upwards as expected over winter.</p> <p>Unmet need for packages of care at home – revised to 564 by 31 March 2024. At 297, the December 2023 figure was below the target of 368 but is trending upwards as expected over winter.</p> <p>Assessment waitlist – 927 by 31 March 2024.</p>		<p>Completed, trajectory now in place and regularly monitored.</p>

	Priority	Related High Level Actions	Governance	Update on progress Oct-Dec Milestones for Jan-Mar	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
					market instability with a number of Large Scale Investigations (LSIs) with several providers as well as one provider withdrawing from Edinburgh. The unmet need trajectory was revised to provide a more realistic view of projected performance given these significant external changes. The revised trajectory expects the unmet need waitlist to continue to rise from the current position over the winter period given the limited capacity in the external market at present.	At 1444, the December 2023 figure was above the target of 1087, mainly due to activity by the temporary review and assessment team being lower than expected.		
3	Best use of resources to meet demand and	Undertake strategic commissioning exercise to	Change Board	<b>Update on progress Oct-Dec:</b> <ul style="list-style-type: none"> <li>Forecast clinical need and demand for bed-based care and estimating the capacity and the cost of care.</li> </ul>	Capacity: <ul style="list-style-type: none"> <li>Commercial market management</li> </ul>	Spending on care services move towards budget.		March 2024

	Priority	Related High Level Actions	Governance	Update on progress Oct-Dec Milestones for Jan-Mar	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
	improved structure.	<p>ensure that the IJB has a clear understanding of bed based services (including dementia, nursing, intermediate care) to meet people's needs.</p> <p>SRO: James Cuthbert</p>		<ul style="list-style-type: none"> <li>Developed the Older People's Pathway Programme for residential care, including internal services, Intermediate Care and HBCCC. The Programme's new Delivery Group met in Dec to agree Terms of Reference and review the Programme's PID.</li> <li>Planning for Liberton focused on a new model of HBCCC that preserves capacity for Intermediate Care and secures new capacity for complex care in care homes.</li> <li>Trends in independent sector care homes show recent inflation in fee rates offered to the Partnership. These are due to underlying inflation but also scarcity, with the City's homes more than 95% full at most times. Improving the supply of intensive and specialist beds in the medium term will mitigate inflation due to scarcity and help balance in the Partnership's Medium-term Financial Strategy. The Programme is working with the Council's homes and the independent sector on a way to estimate reasonable for the most</li> </ul>	<p>capability is limited.</p> <ul style="list-style-type: none"> <li>Strong employment and transient care workforce inhibits investment in training and development.</li> <li>Tight capital and high land values limit opportunities for new building-based services, care home and supported accommodation in particular.</li> <li>Sustainability: where is the balance of affordability, capacity and quality.</li> <li>Flexibility: plans must create confidence while accommodating</li> </ul>	<p>Capacity is aligned to demand; waiting times for care 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 Oct-Dec Milestones for Jan-Mar	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
				<p>intensive beds that are also most scarce.</p> <ul style="list-style-type: none"> <li>Analysis of purchasing practices found opportunities to control prices and improve residents' experience of moving to care homes. The Programme has engaged with the Partnership's Care Booking Service and NHS Lothian's QI programme for Care Homes.</li> <li>The programme engaged with Council and independent homes around the partnership's intention to commission nursing, palliative and specialist dementia care beds. We have a better insight into the barriers to delivering higher intensity residential provision, including primary care support and the transfer of care process.</li> </ul> <p><b>Milestones for Jan-Mar:</b></p> <ul style="list-style-type: none"> <li>The Programme team will visit care homes, meet residents, staff and families.</li> <li>Complete the Older People's Pathways Programme governance by convening an Oversight Group</li> </ul>	change, locally and nationally.			

	Priority	Related High Level Actions	Governance	Update on progress Oct-Dec Milestones for Jan-Mar	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
				<p>to provide assurance to IJB and wider stakeholders.</p> <ul style="list-style-type: none"> <li>• Develop firm demand, capacity and cost estimates aligned to MTFS.</li> <li>• Identify new opportunities to optimise the Council's care homes and offer more intensive services in house.</li> <li>• Develop options for new financial and contractual models for the independent sector,</li> <li>• Design pathways to care homes that ensure the City's bed base is used by those who most need to live in care homes.</li> </ul>				
		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.	Change Board	<p><b>Update on progress Oct-Dec:</b></p> <ul style="list-style-type: none"> <li>• Improved performance with discharges and lengths of stay.</li> <li>• Results recent Day of Care audit informed improved grip and control, with three fewer contingency beds in use.</li> <li>• Longest-stay patient in AMH Acute was discharged on January 3<sup>rd</sup> after more than 5 years in residence.</li> <li>• New Era programme: 50 stakeholders participated in half day workshop; series of follow-on activities.</li> </ul>	<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>Short term solution to manage current demand on inpatient resources was agreed on 22<sup>nd</sup> September 2023 with agreed KPIs to monitor impact.</p> <p>Commissioning Plan to be considered by</p>		March 2024

	Priority	Related High Level Actions	Governance	Update on progress Oct-Dec <b>Milestones for Jan-Mar</b>	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
		SRO: Linda Irvine-Fitzpatrick		<ul style="list-style-type: none"> <li>Programme reported NHSL Performance Support and Oversight Board, analysing existing bed occupancy capacity. Commissioning Plan now in developing detailing medium- and longer-term actions that will enable more people to live in community settings; ensure that our hospital resources are used for maximum therapeutic gain.</li> </ul> <p><b>Milestones for Jan-Mar:</b></p> <ul style="list-style-type: none"> <li>Reducing occupancy in REH: Rigorous planning for people who stay longest in REH, especially those who need individually commissioned support to live safely in the community.</li> <li>Demand, capacity and cost analysis for bed-based MH services, with the NHS Lothian bed modelling project</li> <li>Further development of common governance and shared programme management between the Partnership and REAS.</li> </ul>	<p>Scarce 24.7 supported accommodation.</p> <p>Legal implications of Human Rights Legislation.</p>	appropriate governance groups throughout October 2023.		
		Continue with One Edinburgh programme, increasing capacity for	Change Board	<p><b>Update on progress Oct-Dec:</b></p> <ul style="list-style-type: none"> <li><b>Totalmobile:</b> implementation of all go lives complete, as of 31/10/23. System now embedding,</li> </ul>	Detailed RAID log updated monthly to capture all programme risks.	Total mobile – go lives complete and KPIs being reviewed		Totalmobile - Phase 1 initial implementation complete by end of December

	Priority	Related High Level Actions	Governance	Update on progress Oct-Dec Milestones for Jan-Mar	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
		<p>people requiring a package of care to live at home independently.</p> <p>SRO: Deborah Mackle</p>		<p>consolidation at sites underway and transition plans to BAU processes.</p> <ul style="list-style-type: none"> <li>• <b>Internal Redesign/External Commissioning:</b> Approved at Sept IJB, planning sessions held to finalise detailed implementation plan for steps to progress reablement roll-out along with locality modelling. KPIs updated, rebaselined and new targets to be agreed. Research with Heriot Watt University on brokerage model has been cancelled.</li> <li>• <b>C@H brokerage:</b> Successfully recruited 3 out of 4 brokerage officer posts, and 4<sup>th</sup> post now out to advert.</li> </ul> <p><b>Milestones for Jan-Mar:</b></p> <ul style="list-style-type: none"> <li>• <b>Totalmobile:</b> Continue with system embedding and moving to BAU support process, analyse post go-live benefits and KPIs, project resource reduced and outstanding system/report issues to be finalised.</li> <li>• <b>Internal Redesign/External Commissioning:</b> Project resource start in Jan, continue plans to implement One Edinburgh with phased transition plan focusing on maximising reablement. Plan includes training and roll-out across</li> </ul>	<p>Heriot Watt capacity issue for conducting brokerage research, taking this in-house instead and widening out to an EHSCP brokerage approach – meeting Jan 2024 to discuss.</p> <p>Ongoing resource challenges for One Edinburgh, to successfully roll-out reablement we will require recruit new staff, release existing staff in a staged process to train and move to reablement, and release HC&amp;R managers time, current pressures on system will impact this.</p> <p>C@H market remains unstable,</p>	<p>Internal redesign – implementation and transition planning underway and KPIs updated</p> <p>Brokerage – 3 recruited and 1 out to advert</p>		<p>2023 (done). 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 Oct-Dec Milestones for Jan-Mar	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
				<p>localities, related communications, and recruitment plan.</p> <ul style="list-style-type: none"> <li>• <b>C@H brokerage:</b> Meetings arranged with successful Stage 1 providers, co-production sessions started and providers updated on agreed framework with further sessions scheduled.</li> </ul>	<p>and providers are happy with a single rate but not the approved rate (£21.09)</p>			
		<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>	<p>Workforce Board</p>	<p><b>Update on progress Oct-Dec:</b></p> <ul style="list-style-type: none"> <li>• Work continues to develop the new structure with project team meeting regularly to progress the work.</li> <li>• SRO presented structure progress update to the Partnership Structure Oversight Group, the Workforce Board and the new Chief Officer who started 6th Nov.</li> <li>• Finance reps are working on costing the current and the new structure to assess affordability.</li> <li>• Comms plan has been developed for future staff engagement.</li> </ul> <p><b>Milestones for Jan-Mar:</b></p> <ul style="list-style-type: none"> <li>• Revised structure session with Senior Managers to prepare for the staff engagement.</li> <li>• HR reps are working on the HR timelines and processes and are developing HR issues and</li> </ul>	<p>Complex project in a tight timescale. Risk that consecutive stages (engagement and consultation) may extend completion into spring 2024.</p>	<p>Operational structure with clear lines of responsibility and strong professional lines.</p>		<p>Recruitment to commence by spring 2024.</p>

	Priority	Related High Level Actions	Governance	Update on progress Oct-Dec Milestones for Jan-Mar	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
				<ul style="list-style-type: none"> <li>resolution log to assist with the staff engagement.</li> <li>Staff engagement commencing.</li> <li>Develop consultation plan.</li> </ul>				
4	Basic and key processes	<p>Introduce new ASP Investigation processes with specific chronologies and risk assessment.</p> <p>Lead: Matt Kennedy</p>	Social Work and Social Care Improvement Plan Oversight Group	<p><b>Update on progress Oct-Dec:</b></p> <ul style="list-style-type: none"> <li>New process designed and implemented by 12 June 2023. New process addresses 3-point criteria for ASP, risk assessment, as well as chronologies.</li> </ul> <p><b>Milestones for Jan-Mar:</b></p> <ul style="list-style-type: none"> <li>By monthly audit programme will look at chronologies and risk assessments.</li> </ul>	Evaluation of the new process is required, to ensure the process is working as planned. Audit of the new process will support the evaluation.	Performance data reporting will now identify the two stages to our Duty to Inquire.		Completed
		<p>Roll out one assessment tool that ensures consistent approach across the city.</p> <p>Lead: Nikki Conway</p>	Social Work and Social Care Improvement Plan Oversight Group	<p><b>Update on progress Oct-Dec:</b></p> <ul style="list-style-type: none"> <li>Newly appointed professional Social Work and AHP leads consulted on and agreed rollout plan of the 3Cs model and associated staff guidance.</li> <li>Roll out plan resubmitted and agreed at Change Board, with the action to understand L&amp;D support that might be available from CEC HR.</li> <li>Project members met with HR, with a further meeting scheduled for Jan-24.</li> </ul>	<p>Risk that additional L&amp;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</p>		March 2024

	Priority	Related High Level Actions	Governance	Update on progress Oct-Dec <b>Milestones for Jan-Mar</b>	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
				<ul style="list-style-type: none"> <li>Recording tool kit developed, to be released on 8<sup>th</sup> Jan 24.</li> </ul> <b>Milestones for Jan-Mar:</b> <ul style="list-style-type: none"> <li>Release recording tool kit and monitor compliance – Jan 2024</li> <li>Agree support for training rollout with CEC HR.</li> <li>Continue delivering training with current resources.</li> </ul>		early intervention and preventative approach that signposts more people to community services. Fewer people requiring statutory services.		
		Replace SWIFT with a system that improves processes and creates service capacity, efficiency and safety.  SRO: Anna Duff	Change Board	<b>Update on progress Oct-Dec:</b> <ul style="list-style-type: none"> <li>SWIFT replacement has been agreed by CLT and the overall governance of the project sits within CEC. CGI are leading the project with input from EHSCP, Justice and Children’s services.</li> <li>Data cleanse is underway by the localities. Business Support have recruited staff to assist with cleaning records.</li> </ul> <b>Milestones for Jan-Mar:</b> <ul style="list-style-type: none"> <li>Await CLT approval of vendor.</li> <li>Liaise with the Oversight board to agree project plan for next steps.</li> <li>Data cleansing work to continue to reduce data errors.</li> </ul>	The vendor process has identified that a WTE would be recommended to support this workstream – This needs to be identified. Key issues identified around data quality on SWIFT system. Risk of new errors occurring.	Not applicable as still at vendor stage as part of SWIFT Board project plan.  20,000 records to be cleansed. Plan being formulated to CLT.		CLT to approve chosen vendor in Jan 24.  Records target date Jan 24.

	Priority	Related High Level Actions	Governance	Update on progress Oct-Dec Milestones for Jan-Mar	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
5	Workforce – recruitment, retention and governance	<p>Increase work on advert and recruitment through more innovative routes.</p> <p>Lead: Nikki Conway</p>	Workforce Board	<p><b>Update on progress Oct-Dec:</b></p> <ul style="list-style-type: none"> <li>• City-wide advert for all partnership Social Work vacancies in place.</li> <li>• Improvements achieved in timescales for recruitment and onboarding of new staff.</li> <li>• Agreement with HR to fast-track graduate social workers, supported by Practice Educators in their first year.</li> </ul> <p><b>Milestones for Jan-Mar:</b></p> <ul style="list-style-type: none"> <li>• Contribute to graduate recruitment pathway.</li> </ul>	Reporting not available on success of recruitment activity.	<p>Reduce the length of time vacancies are unfilled.</p> <p>Reduce the time to hire.</p>		Continuous action.
		<p>Progress incentives and recruitment on a higher salary scale with HR for experienced Social Workers.</p> <p>SRO: Rose Howley</p>	Workforce Board	<p><b>Update on progress Oct-Dec:</b></p> <p>Benchmarking exercise checking other LA adverts has found that other LA don't specify the starting salary on the advert. In Edinburgh the starting salary scale is included within the job advert.</p> <p><b>Milestones for Jan-Mar:</b></p> <p>Managers to be briefed to take out starting salary sentence from the advert as the salary scale for social workers can be dependent on the experience.</p>	<p>Agency use is still high at the moment which we aim to address.</p> <p>Vacancy rates across EHSC remain variable.</p>	<p>Reducing % of agency use and reducing % of vacancy rates.</p>		March 2024

	Priority	Related High Level Actions	Governance	Update on progress Oct-Dec Milestones for Jan-Mar	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
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	<b>Update on progress Oct-Dec:</b> <ul style="list-style-type: none"> <li>Action completed. PSWO commenced on July 31st.</li> </ul>	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.
		Implement Quality Assurance audit for effective manager oversight and supervision recording.  Lead: Matt Kennedy/Keith Dyer	Social Work and Social Care Improvement Plan Oversight Group	<b>Update on progress Oct-Dec:</b> <ul style="list-style-type: none"> <li>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.</li> </ul> <b>Milestones for Jan-Mar:</b> <ul style="list-style-type: none"> <li>Continue with audit activity to identify and implement further improvement including management oversight and supervision recording.</li> </ul>	Our recent audit activity relates to live and active cases. There are indications of improved management oversight and supervision recording, but further improvement is required.	Improved recording: evidenced through audit findings, analysed after each audit cycle, and reported to service managers.		Completed
		Launch of Quality Assurance Practice framework with monthly	Social Work and Social Care Improvement Plan	<b>Update on progress Oct-Dec:</b> <ul style="list-style-type: none"> <li>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</li> </ul>	Audit issues, aside from capacity relate to AIS and the poor quality of reporting that this system provides	Improved practice and compliance with practice framework identified		March 2024

	Priority	Related High Level Actions	Governance	Update on progress Oct-Dec <b>Milestones for Jan-Mar</b>	Issues, challenges, risks	Outcomes and KPIs	RAG	Target completion date
		<p>learning from practice audits.</p> <p>Lead: Matt Kennedy/Keith Dyer</p>	Oversight Group	<p>capacity to implement audit identified improvements.</p> <ul style="list-style-type: none"> <li>The practice framework is still in development, building on existing practice standards.</li> </ul> <p><b>Milestones for Jan-Mar:</b></p> <ul style="list-style-type: none"> <li>The Principle Social Worker and Chief Allied Health Professional are progressing a summary of assurance and governance within the partnership. This is due to be completed by early spring and will lead to recommendations including the strengthening of oversight of social work services.</li> </ul>	<p>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>	through audits; improvement in average ratings across all areas of audit over time.		

## Operational Key Performance Indicators (KPIs)

### Introduction to report

This report has been created to provide senior management and Board members an overview of EHSCP's performance against a select few measures that are key indicators of our operational performance. At present this report only includes the three indicators which are being reviewed regularly as priorities for health and social care partnerships by Scottish Government. The report includes two types of graphs: trend performance against trajectories and benchmarking against the other health and social care partnerships that also report these indicators nationally. This allows easy viewing of our performance goals this year (within multiple scenarios), our recent trend against these goals and our relative position compared to other areas in Scotland and the national average.

### Summary of performance - 5 January 2024

#### *Packages of care*

Since May 2023, we have not seen the continued reduction as was seen since the Spring of 2022. More recently, in September 2023, one provider withdrew from Edinburgh, resulting in 600 hours of care/ 66 packages having to be reprovisioned. All people who had their care with Avenue have had their care package transferred to other providers. While this was successfully undertaken it has reduced capacity within the system. In addition to this specific withdrawal, there has been greater instability within the care at home providers during 2023 with several providers over the year having been suspended to picking up new work. In December 2023, in light of significant external market issues, the Whole System Delivery Oversight Board, agreed to a revision of the trajectory for the package of care waitlist. This revision only included changes to external factors to account for the changing environment, rather than affecting other factors that may impact performance. With these revisions to the trajectory, it is predicted that our waitlist will increase before the end of the financial year. This is predominately due to the larger than expected instability in the external care at home market, meaning demand is expected to outstrip available capacity at that time. The number of people awaiting a package of care remains below the revised trajectory at this time but it is too early to say if this will continue. In addition to instability in the care at home market, we continue to find it difficult to recruit carers to our internal homecare services. We continue to work closely with providers and the One Edinburgh programme addresses the longer term strategic issues facing our internal and external delivery of home based care.

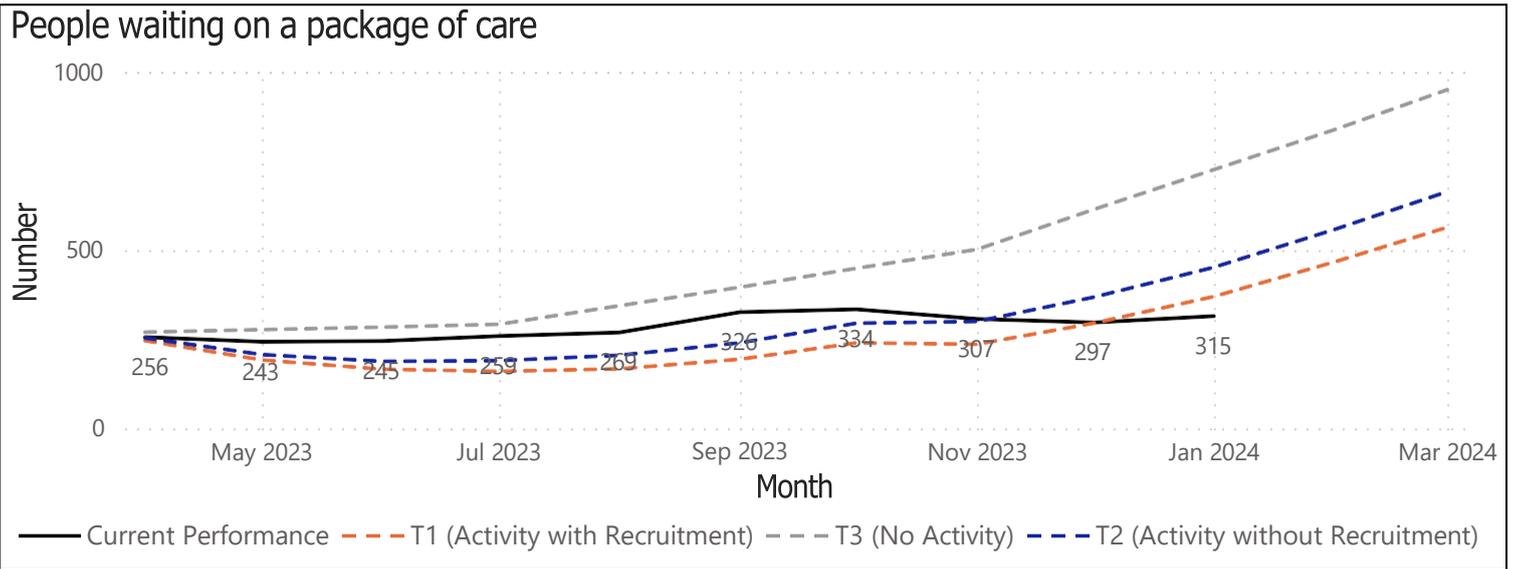
#### *Total delayed discharges*

The number of people delayed in hospital is at the lowest level seen since May 2021, but more data will be needed to determine whether this trend can be sustained over winter. Delays were 27% lower going into the festive period than in 2022. Historically, delays have increased across the last week of December/first week of January as services experience lower levels of staff due to leave and we can see this increase in January. The main improvements are related to completed social care assessments and those waiting for a package of care. We are performing better than all of our trajectories for delays and are at the threshold (set in March 2023) for performing in the top 50% of partnerships across Scotland, although challenges remain supporting discharges for our older population. In Nov 2023, we benchmarked 10th out of all partnerships for delays for those over 18 and were just outside the top 50% for those over 75.

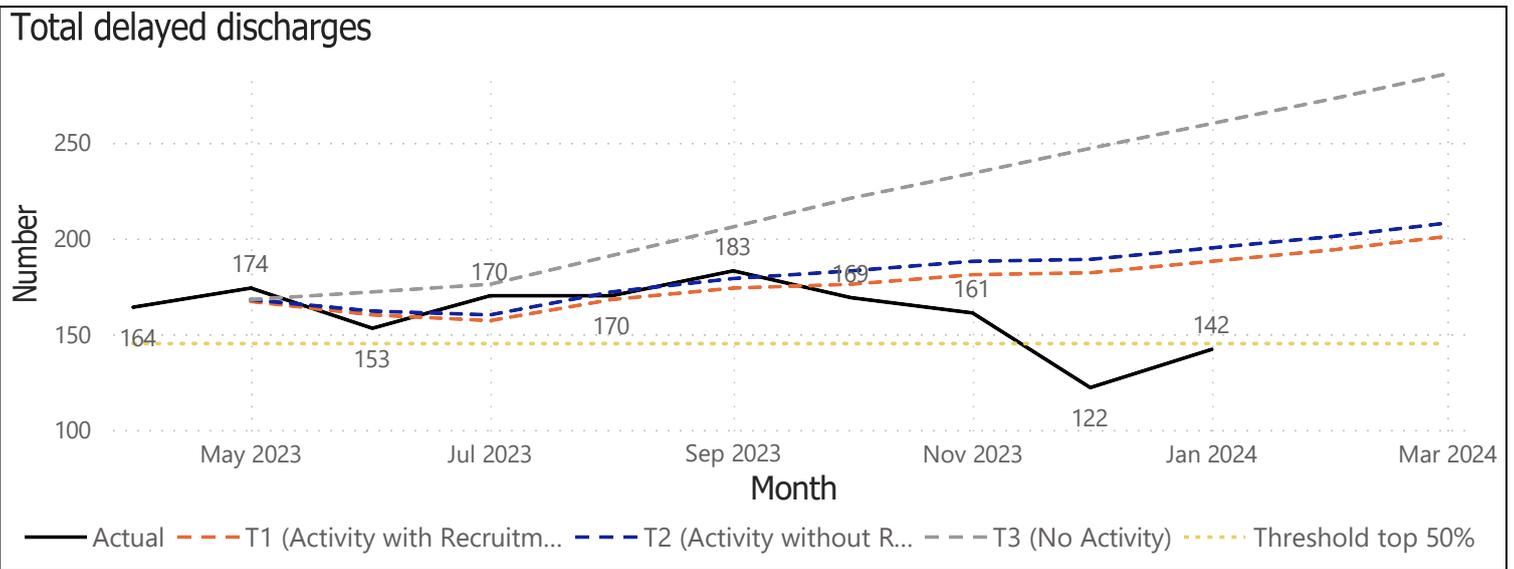
#### *Assessment waitlist*

WSDOB approved the assessment waitlist at end September 2023. The trend graph shows that our position has seen a slight improvement over time, though this is stabilising. We are above our expected level for December, likely due to lower than expected impact from the temporary review and assessment team at this point.

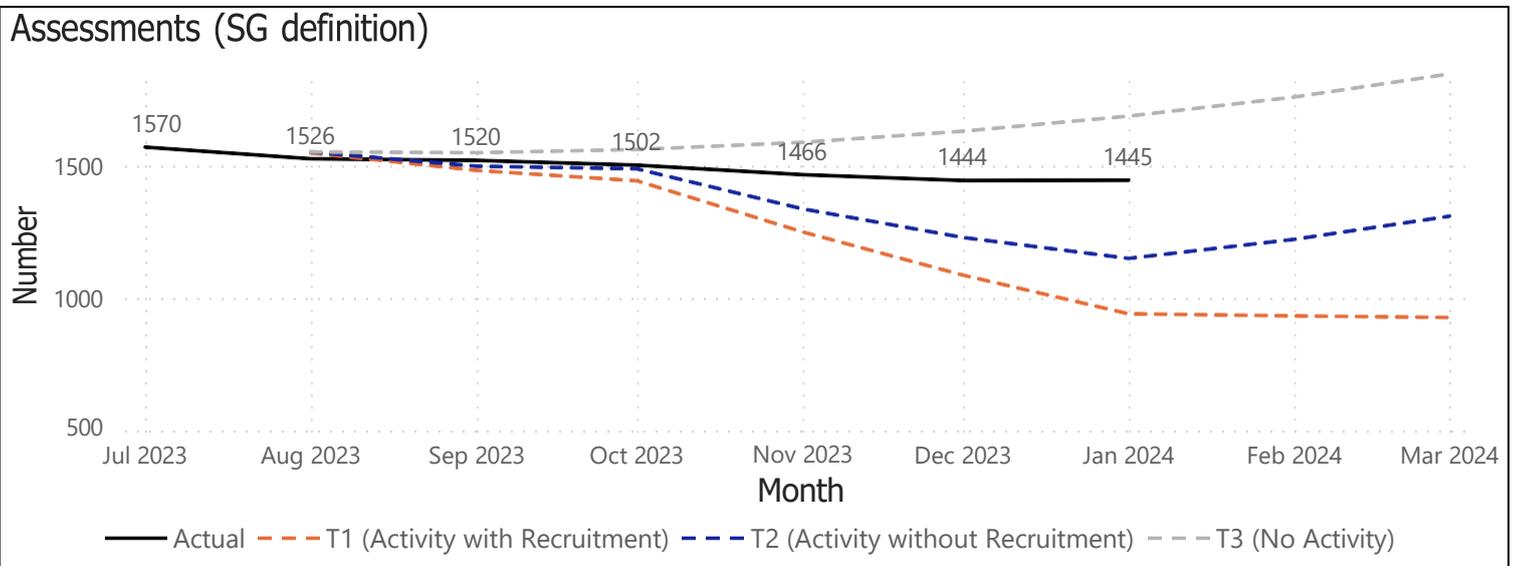
# Trends (local data)



\*Packages of care trajectory updated to reflect significant external market changes outwith our control.

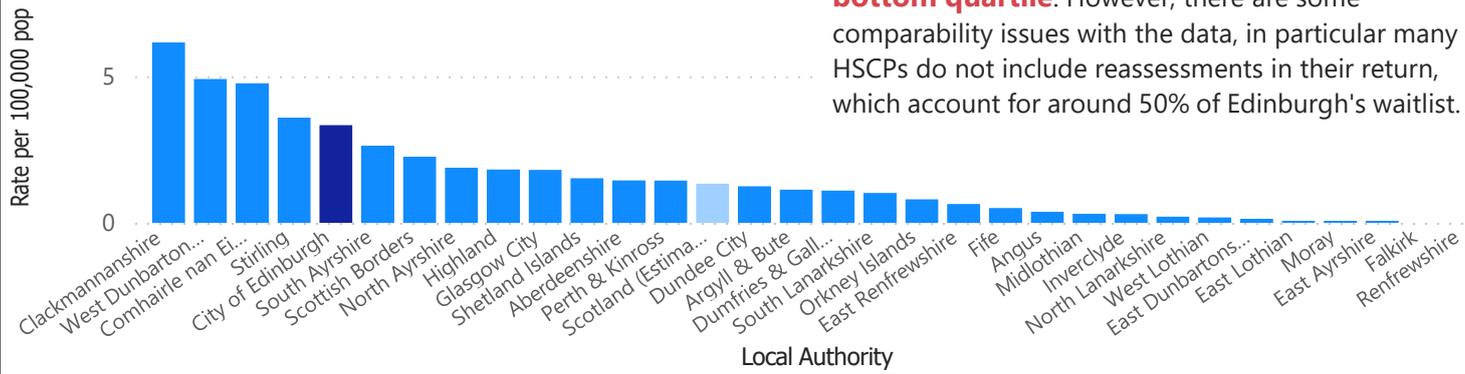


\*Delays trajectory updated to reflect that interim placements have now stopped.

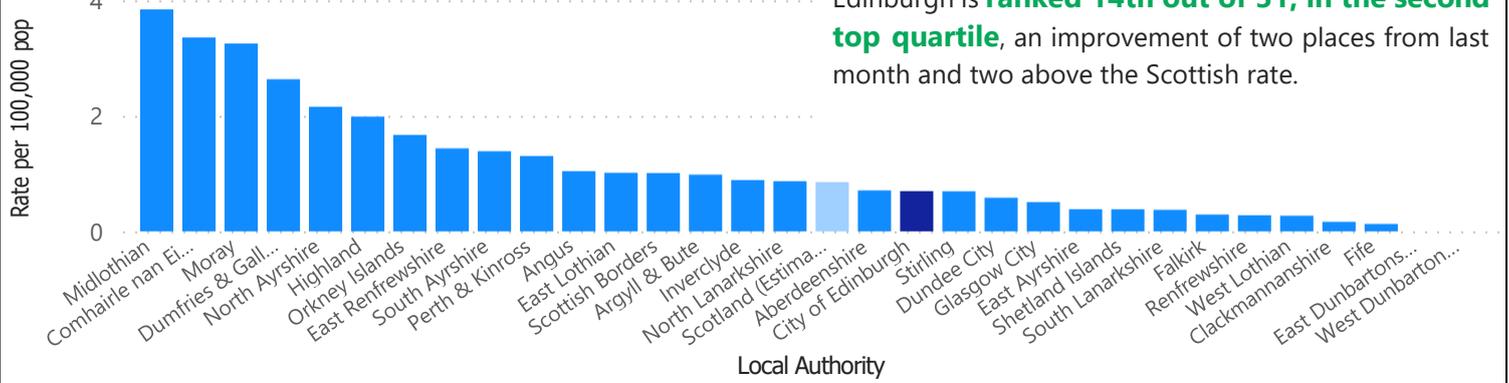


# Benchmarking (national data)

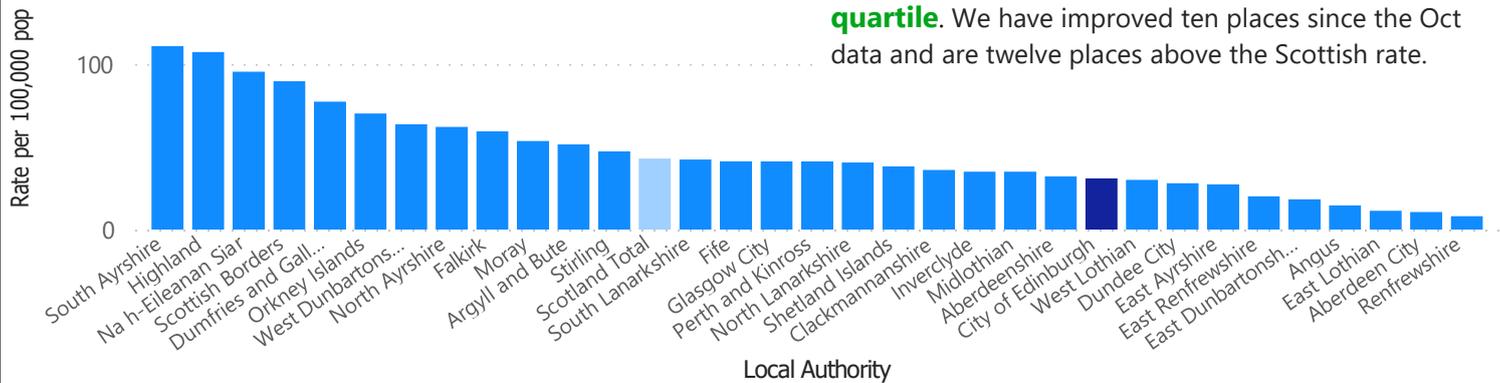
## People waiting on assessment - 27 Nov 2023



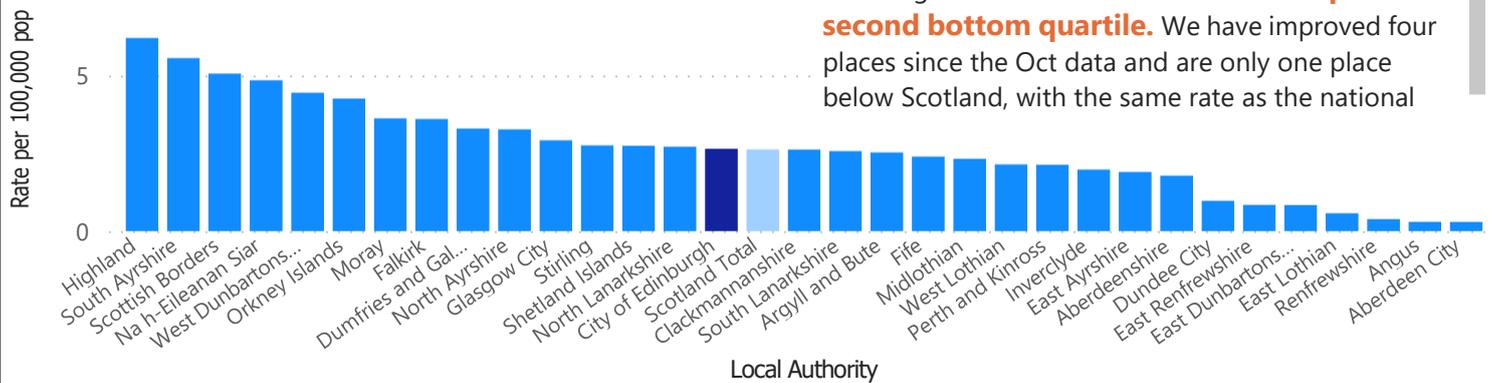
## People waiting on package of care - 27 Nov 2023



## Total delayed discharges 18+ - Nov 2023



## Total delayed discharges 75+ - Nov 2023



The delays benchmarking data is taken from Public Health Scotland's monthly official release on delayed discharges in NHS Scotland. More up-to-date data is circulated weekly but not for onward release. The most recent data has shown an improving position.