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<b>Report To:</b>	<b>Social Work &amp; Social Care Scrutiny Panel</b>	<b>Date:</b>	<b>18 August 2022</b>
<b>Report By:</b>	<b>Allen Stevenson Interim Chief Officer IHSCP</b>	<b>Report No:</b>	<b>SWSCSP/01/2022/AB</b>
<b>Contact Officer:</b>	<b>Alan Brown Service Manager Assessment &amp; Care Management</b>	<b>Contact No:</b>	<b>715212</b>
<b>Subject:</b>	<b>Inverclyde Adult Support and Protection Partnership - Adult Support and Quality Improvement Plan 2021-22</b>		

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## **1.0 PURPOSE AND SUMMARY**

1.1  For Decision  For Information/Noting

1.2 The purpose of this report is to advise the Social Work & Social Care Scrutiny Panel of the progress to date of the Adult Support and Protection Quality Improvement Plan 2022-23.

1.3 This plan was commissioned by the Chief Officers Group from the positive Inverclyde Joint Adult Protection Inspection led by the Care Inspectorate, Health Improvement Scotland and Her Majesty's Inspectorate of Constabulary in 2020.

## **2.0 RECOMMENDATIONS**

2.1 That the Social Work & Social Care Scrutiny Panel note the content of this report and the progress to date of the Adult Protection Quality Improvement Plan.

2.2 That following an audit of the impact of the Improvement Plan scheduled for 2023 the findings are brought back to Social Work & Social Care Scrutiny Panel.

### 3.0 BACKGROUND AND CONTEXT

- 3.1 The Inverclyde Joint Adult Protection Inspection commenced in January 2020. File reading was due to commence in March 2020 at which time inspectors stood down due to the COVID 19 pandemic. The file reading did take place in January 2021 and whilst no formal grading was offered a positive written report was provided as feedback.
- 3.2 The Inspectors spent 5 days in January auditing the procedures and 50 case files subjected to ASP as well as 38 cases where the partnership had a duty to enquire and took the decision not to progress to ASP Investigation. The Inspectors also carried out two focus groups with staff across the Partnership.
- 3.3 Feedback was provided which is very positive in particular around practice, partnership working and outcomes for vulnerable adults. Noted areas of strength included:
- Staff survey showed staff across the partnership held generally positive and confident views about adult support and protection, and the partnership's efforts to keep adults at risk of harm safe, protected and supported.
  - Operational adult support and protection practice across the partnership was sound in many areas, with effective collaborative working to keep adults at risk of harm safe.
  - Partnership staff effectively shared information to identify and protect adults at risk of harm
  - Adults at risk of harm were supported and listened to for the key processes undertaken to keep them safe and protected.
  - Police and health staff worked collaboratively to manage the risks for adults at risk of harm, and improve their health and wellbeing.
  - Almost all case file records read concurred that adults subject to adult support and protection, experienced a safer quality of life from support they receive.
- 3.4 There were as would be expected some areas where the partnership could improve its performance:
- Chronology, risk assessment and protection planning tools and templates need to be standardised to ensure a more consistent adult support and protection approach.
  - The Practice Standards and Operating Procedures should be updated to provide a more consistent approach to critical elements of adult support and protection work.
  - The partnership should review its key processes documentation to ensure it more accurately records matters in relation to the three-point-test.
  - The partnership's quality assurance performance framework needs further developed and more consistently applied.
  - The partnership needs to scrutinise quality assurance activity more thoroughly and accelerate the speed of change and improvement work.
- 3.5 An Adult Support and Protection Plan was drawn up and approved by the Chief Officers Group which addresses the identified areas of improvements (See Appendix 1). Key aspects of the Plan were already identified by HSCP officers and part of the established work plan. The attached plan has also been approved by the Care Inspectorate.
- 3.6 We have already implemented the plan and have signed off some actions whilst we have agreed plans to implement remaining areas by the end of 2022. It will be through the case file audit

process scheduled for 2023 that will confirm the success of the plan and that changes are now embedded in practice.

### 3.7 Summary of progress

- a) **Chronology Template & Guidance** - Training rolled out to all Council Officers and Assessment Staff. Chronology is now in use in line with Guidance
- b) **Revise Risk Assessment and Adult Protection Plan** - Risk Assessment Guidance and template reissued to staff recommendations made Briefing sessions completed
- c) **Implement new recording guidance for SWIFT CIVICA & EMIS** - New paperwork and hierarchy on CIVICA and SWIFT all staff briefings completed.
- d) **Interface between Partners information systems** – Internal to HSCP all Services use SWIFT and CIVICA Meetings with Partners established and this issue fully addressed with new Social work Information System.
- e) **Implement the revised West of Scotland ASP Procedures** Implement the revised West of Scotland ASP Procedures – Procedures & Guidance approved by adult Protection Committee and COG Workshop programmes in place and feedback is positive (80%).
- f) **Establish explicit recording of the application of 3 point Test at all stages of ASP Process-** Revised Guidance and Paperwork to clearly record application of the 3 point criteria is in place HSCP and Police Scotland to further develop understanding and application of the 3 point Test.
- g) **Refresh Quality Assurance framework across Partnership – APC Business Plan accelerated and Quality Improvement Plan** Improvement plan agreed at Adult Protection committee and established ASPC Quality and Development Sub Committee. Accelerate APC Business Plan implementation
- h) **Develop Multi Agency Audit and Governance Programme – Alongside single agency audits** - Previous self-evaluation and workshops have taken place will build on this foundation and future workshop to be arranged for this year, Involvement of community voice to support audit is historically part of this process.

### 4.0 PROPOSALS

- 4.1 That HSCP officers will continue to implement and audit the impact of the Adult Protection Quality Improvement Plan. The current progress and future improvement pathway will continue to make effective progress to ensure reassurance around the protection of vulnerable adults in Inverclyde.

A series of audits will take place in the first quarter of 2023 and a report on its conclusions will come back to Social Work & Social Care Scrutiny Panel.

## 5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		X	
Legal/Risk	X		
Human Resources		X	
Strategic (LOIP/Corporate Plan)	X		
Equalities & Fairer Scotland Duty			X
Children & Young People's Rights & Wellbeing			X
Environmental & Sustainability			X
Data Protection			X

## 5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

## 5.3 Legal/Risk

The implementation of the Improvement plan will provide assurance that Inverclyde continues to meet its statutory duty around Adult Support and Protection.

## 5.4 Human Resources

## 5.5 Strategic

This action is in line with the HSCP Strategic Plan Objective - Big Action 3 Together we will Protect Our Population.

## 6.0 CONSULTATION

6.1 Consultation with Council Officers partners and Adult Protection Committee.

## **7.0 BACKGROUND PAPERS**

7.1 IAPC ASP Quality Improvement Plan 2021-22 v0.3

**IAPC ASP Quality Improvement Plan 2021-22 v0.3**

<b>Background</b>	<p>Following Joint Partnership Inspection 2021 5 areas for focus were identified to support the improvement programme identified in the 2020-2022 IAPC Business Plan.</p> <p>This Quality Improvement plan is developed across the Inverclyde Partners to ensure appropriate focus upon these area.</p> <p>QIP will work with Staff Reference Group Comprising of Council Officers</p> <p>The APCQSC will have oversight of the implementation of this plan</p> <p>Progress will be reported to APC with final report to be completed by 30<sup>th</sup> November 2022</p>
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<b>Lead</b>	Alan Best ( <i>Interim Head of Service, Health and Community Care</i> )
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<b>1: Chronology, risk assessment and protection planning tools and templates need to be standardised to ensure a standardised approach and single templates used by all adult services and partners.</b>					
<b>Action Item</b>	<b>Action Required</b>	<b>Person Responsible</b>	<b>Timescale</b>	<b>Status / Comments</b>	<b>How will we know achieved?</b>
<b>A</b> Chronology Template & Guidance	Reissue Chronology Template and Guidance to all staff	Alan Brown	31 <sup>st</sup> May 2021	<b>GREEN</b> 2019 had a soft roll out which was stalled by Pandemic. Documents and Guidance in place	Training rolled out to all Council Officers and Assessment Staff. Chronology is in use in line with Guidance.
	Briefing Sessions to Teams				
	Audit Roll out		30 <sup>th</sup> September 2022	<b>GREEN</b> Single Agency Audit in place.	Audit of use of chronologies. Chronologies used appropriately across Teams.
<b>B</b> Revise Risk Assessment and Adult Protection Plan	Audit existing tools and guidance	Margaret Burns	31 <sup>st</sup> January 2022	<b>GREEN</b> Revised documents ready and being rolled out.	Audit report completed and recommendations made.
	Reissue Risk Assessment Template and Guidance to all staff	Alan Brown	30 <sup>th</sup> September 2022	<b>GREEN</b>	Risk Assessment Guidance and template reissued to staff recommendations made.

		Briefing Sessions to Teams			30th September 2022	<b>GREEN</b>	Briefing sessions completed
		Audit Role out			30th September 2022	<b>GREEN</b>	Audit of use of risk Assessment and confirm are used appropriately across Teams.
<b>C</b>	Implement new recording guidance for SWIFT CIVICA & EMIS	Remove all existing paperwork from Social Work systems	Alan Best		30th September 2022	<b>GREEN</b>	Paper work removed.
		Agree revised Paperwork and CIVICA Hierarchy			31st January 2022	<b>GREEN</b>	New paperwork and hierarchy on CIVICA.
		Confirm all ASP recording to be completed on SWIFT accessing CIVICA			31st January 2022	<b>GREEN</b>	All ASP recording is appropriate and on SWIFT module.
<b>D</b>	Interface between Partners information systems	SWIFT/CIVICA training sessions for social work staff. It was viewed this repeat of SWIFT AP module training would also be worthwhile for the Assessment & Care Management and Learning Disability teams	Alan Brown		30th April 2022	<b>GREEN</b>	Training completed.
		A further session including NHS staff will look at the interface between SWIFT and EMIS	Alan Crawford Gail Kilbane		31st August 2022	<b>GREEN</b>	Meeting completed and agreed actions in place.

**2: The Practice Standards and Operating procedures should be updated to provide a more consistent approach to critical elements of adult support and protection work including risk assessment, support planning and decision to progress with ASP process strengthening peoples understanding of the conditions around where and when it applies.**

Action Item	Action Required	Person Responsible	Timescale	Status / Comments	How will we know achieved?
<b>A</b>	Implement the revised West of Scotland ASP Procedures	Allen Stevenson	31 <sup>st</sup> August 2021	<b>GREEN</b>	Procedures approved by APC and COG.
	Revise Inverclyde guidance following SG Code of Practice review	Margaret Burns	31 <sup>st</sup> October 2022	<b>GREEN</b>	Draft Procedures in Place. Awaiting final COP





**4: The partnership's quality assurance performance framework needs further developed and more consistently applied based on previous audit findings.**

Action Item	Action Required	Person Responsible	Timescale	Status / Comments	How will we know achieved?
<b>A</b> Refresh Quality Assurance framework across Partnership	Audit of Framework – across past 2 years	Alan Best	31 <sup>st</sup> December 2021	<b>GREEN</b> Business Plan in place and relaunched	Signed off by COG as complete.
	Identify Key areas for Audit		31 <sup>st</sup> January 2022	<b>GREEN</b> Business Plan in place and relaunched	
	Agree Audit Plan and Framework		31 <sup>st</sup> January 2022	<b>GREEN</b> Business Plan in place and relaunched	
<b>B</b> ASPC Quality and Development Sub Committee	Review role remit and attendance of QDSC		31 <sup>st</sup> March 2022	<b>GREEN</b> Business Plan in place and relaunched	

**5: The partnership needs to scrutinise quality assurance activity more thoroughly and accelerate the speed of change and improvement work.**

Action Item	Action Required	Person Responsible	Timescale	Status / Comments	How will we know achieved?
<b>A</b> Accelerate APC Business Plan implementation	Approve action around APC Business Plan	Allen Stevenson	In Place	<b>GREEN</b> Business Plan in place and relaunched	Signed off by COG as complete.
	Implement Self Evaluation and Quality Assurance compliance with the standards identified in the framework		In Place		
	Social Work Single Agency yearly audits. Include ASP cases.		In place		
	Annual audits of referrals not leading to investigation.		31 <sup>st</sup> July 2022		
	Multi Agency case file audit.		30 <sup>th</sup> November 2022		
<b>B</b> Develop Multi Agency Audit and Governance Programme	Arrange Audit Workshop to identify key areas and outcomes involving service users Work in partnership with users and carers to ensure safeguarding		30 <sup>th</sup> November 2022	<b>GREEN</b> Previous self-evaluation and workshops have taken place will build on this foundation	Signed off by COG as complete. Positive feedback from participants (80%).

		arrangements and interventions adhere to principles of the Act and actions and services are effective.				Any actions incorporated in guidance or future business plans.
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**Date of Next Review** 31<sup>st</sup> August 2022