
Report To:	Inverclyde Integration Joint Board Audit Committee	Date:	25 September 2023
Report By:	Kate Rocks Chief Officer, Inverclyde Health & Social Care Partnership	Report No:	IJB/38/2023/AB
Contact Officer:	Alan Best Interim Head of Health & Community Care	Contact No:	01475 715212
Subject:	Inverclyde Adult Support and Protection Partnership - Adult Support and Quality Improvement Plan 2021-22 Update		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of this report is to update the Integration Joint Board Audit Committee of the progress to date of the Adult Support and Protection Quality Improvement Plan 2021-22 following 2022/2023 audit to capture impact.
- 1.3 This Plan was commissioned by the Chief Officers' Group from the positive Inverclyde Joint Adult Support and 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 Integration Joint Board Audit Committee note the content of this report and progress to date of the Adult Support and Protection Quality Improvement Plan.
- 2.2 That Integration Joint Board Audit Committee note the impact of the 2022/2023 audit and the additional actions identified to progress further improvement.
- 2.3 The Integration Board is asked to note that the 2022/2023 audit and progress of the Adult Support and Protection Quality Improvement Plan will be approved at the Public Protection Chief Officers Group.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 The Inverclyde Joint Adult Support and 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 2021 auditing 50 case files subject to Adult Support and Protection (ASP) Investigation as well as 38 cases where the partnership had a Duty to Inquire and took the decision not to progress to ASP Investigation. The Inspectors also conducted two focus groups with staff across the Partnership.
- 3.3 The feedback provided was very positive particularly in respect of practice, partnership working and outcomes for vulnerable adults. Noted areas of strength included:
- Staff survey showed the majority of staff across the Partnership held positive and confident views about adult support and protection and of 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, 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 by staff throughout the process to keep them safe and protected.
 - Police and health staff worked collaboratively to manage the risks for adults at risk of harm and to 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 HSCP Adult Support and Protection Policy, Practice Standards and Operational Procedures should be updated to provide a more consistent approach to some critical elements of adult support and protection work.
 - The Partnership should review its key processes documentation to ensure it more explicitly records matters in relation to the three-point-test at each stage in the adult support and protection process.
 - 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 The Adult Support and Protection Improvement Plan was developed and approved by the Chief Officers' Group and addresses the identified areas for improvement. This is updated regularly (See Appendix 1). Key aspects of the Plan were already identified by HSCP officers as needed and part of the established work plan. The development of the attached plan has also been supported by the Care Inspectorate.
- 3.6 The Plan was implemented with some actions signed off ahead of the report to the Social Work & Social Care Scrutiny Panel (June 2022) with agreed plans to implement remaining areas by the end of 2022. The case file audit which took place end of May 2023 focussed on auditing adult support and protection cases that had as a minimum progressed to investigation during

2022/2023. The emphasis was on capturing the improvements made by benchmarking against the performance findings of the Joint Adult Support and Protection Inspection (June 2021). This audit has supported evidencing the successes of the plan, the changes now embedded in practice and as to what further action is required.

3.7 The Plan has been impacted by the progress being made to move to a new electronic management information system. This is given the proposed system having the functionality for adult support and protection document templates to be embedded and available to all adult services teams within one system. Given benefits it is currently under review as to whether to progress further rollout of completion of adult support and protection templates within CIVICA or to introduce an interim measure with the longer-term focus being for all relevant adult services staff being trained to complete documents within the new management information system when this goes live.

3.8 Summary of Progress

- a. Chronology Template & Guidance – It was previously reported that training was rolled out to all Council Officers and Assessment Staff with chronology in use in line with Guidance. The audit evidenced that chronology of an acceptable standard was available in 47% of case files whilst at inspection this was 66%. The chronology is not an adult support and protection specific tool. The reason for this decrease will be examined.
- b. Revise Risk Assessment and Adult Support and Protection Plan – It was previously reported that the Risk Assessment Guidance and template had been reissued to staff with briefing sessions completed. The audit evidenced that significant improvement has been made as this was evident in 90% of case files whilst at inspection it was 71%. For audit 76% rated good or better compared with 59% for inspection.
- c. Establish explicit recording of the application of 3-point test at all stages of ASP Process- It was previously reported that revised templates and guidance to clearly record application of the three-point-test had been implemented with briefing sessions completed. The Inspection did not provide percentage for this at Duty to Inquire stage. Where the template was completed the application of 3-point test was evident in 100% of files and in 88% of files overall when recording within case notes was included. For the Inspection explicit recording of 3-point test for Investigation Stage was evident in 98% of files and for audit was evident in 100%.
- d. Implement new recording guidance for SWIFT, CIVICA & EMIS - New paperwork and hierarchy on CIVICA and SWIFT all staff briefings completed. With move to new Social Work Information System interim arrangements being developed to upload ASP documents to CIVICA.
- e. Interface between information systems – Internal to HSCP this issue fully addressed with new Social Work Information System.
- f. Refresh Quality Assurance framework across Partnership APC Business Plan and Quality Improvement Plan - Business and Improvement Plans agreed at Adult Protection Committee (APC) and APC Quality and Development Sub Committee. APC Business Plan 2022/2024 forms part Biennial Report presented to Social Work and Social Care Scrutiny Panel October 2022.

4.0 PROPOSALS

4.1 That HSCP officers will continue to implement plans and audit annually to capture impact and improvement. This is to continue to provide evidence and reassurance that adults at risk of harm

in Inverclyde are and continue to be safer because of our partnership working. Quality Assurance is a key aspect the Biennial Report with next report to Scottish Ministers due to be submitted October 2024.

5.0 IMPLICATIONS

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

SUBJECT	YES	NO
Financial		X
Legal/Risk	X	
Human Resources		X
Strategic Plan Priorities	X	
Equalities, Fairer Scotland Duty & Children and Young People	X	
Clinical or Care Governance		X
National Wellbeing Outcomes		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

N/A

5.5 Strategic Plan Priorities

This action is in line with the Strategic objective Big Action 3 - Together we will protect our population

5.6 Equalities

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	The action plan supports the protection of characteristics.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Reduces discrimination
People with protected characteristics feel safe within their communities.	Promotes safer communities
People with protected characteristics feel included in the planning and developing of services.	ASP work is transparent and inclusive.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	ASP training promotes diversity and protects it.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Supports people with a learning disability
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Supports integration.

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report’s recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(d) **Children and Young People**

Has a Children’s Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children’s rights.

5.7 **Clinical or Care Governance**

N/A

5.8 **National Wellbeing Outcomes**

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Supports health & wellbeing
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Promotes independence in people’s own home
People who use health and social care services have positive experiences of those services, and have their dignity respected.	People are respected
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improves quality of life
Health and social care services contribute to reducing health inequalities.	ASP reduces inequalities
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Promotes independence
People using health and social care services are safe from harm.	Protects our community
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Engages our community
Resources are used effectively in the provision of health and social care services.	Ensures best use of resources

5.9 Environmental/Sustainability

N/A

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
X	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
X	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 DIRECTIONS

6.1 Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 Consultation with Council Officers partners and Adult Protection Committee.

8.0 BACKGROUND PAPERS

8.1 IAPC ASP Quality Improvement Plan 2021-22 v0.5.

IAPC ASP Quality Improvement Plan 2021-22 v0.5

Background	<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 areas.</p> <p>QIP will collaborate with Staff Reference Group Comprising of Council Officers</p> <p>The APCQ&PSC will have oversight of the implementation of this plan</p> <p>Progress will be reported to the APC, with final report to be completed by 30th November 2022</p>
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Lead	Alan Best (<i>Interim Head of Service, Health and Community Care</i>)
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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.					
Action Item	Action Required	Person Responsible	Timescale	Status / Comments	How will we know achieved?
A	Chronology Template & Guidance	Reissue Chronology Template and Guidance to all staff	31 st May 2021	GREEN Complete	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 th September 2022	GREEN Complete	Audit of use of chronologies. Chronologies used appropriately across Teams.
B	Revise Risk Assessment and Adult Protection Plan	Audit existing tools and guidance	31 st January 2022	GREEN Complete	Audit report completed and recommendations made.
		Reissue Risk Assessment Template and Guidance to all staff	30 th September 2022		

	Briefing Sessions to Teams						Briefing sessions completed
	Audit Role out						Audit of use of risk Assessment and confirm are used appropriately across Teams.
C	Implement new recording guidance for SWIFT CIVICA & EMIS	Remove all existing paperwork from Social Work systems	Alan Best	30th September 2022	GREEN In Progress	Paperwork removed.	Paperwork removed.
		Agree revised Paperwork and CIVICA Hierarchy		31st January 2022	GREEN Complete	New paperwork and hierarchy on CIVICA.	New paperwork and hierarchy on CIVICA.
		Confirm all ASP recording to be completed on SWIFT accessing CIVICA		31st January 2022	GREEN Approved and complete	All ASP recording is appropriate and on SWIFT module.	All ASP recording is appropriate and on SWIFT module.
		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	GREEN Complete	Training completed.	Training completed.
D	Interface between Partners information systems	A further session including NHS staff will look at the interface between SWIFT and EMIS	Alan Crawford Gail Kilbane	31st August 2022	GREEN Agreed in principle	Meeting completed and agreed actions in place.	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?
A	Implement the revised West of Scotland ASP Procedures	Alan Best	31 st August 2021	GREEN Draft Procedures in Place.	Procedures approved by APC and COG.
	Revise Inverclyde guidance following SG Code of Practice review	Margaret Burns	31 st October 2022	GREEN	Guidance approved by APC and COG.

						Final revised COP published. Revision in progress.	
	Audit use of discretion exercised by Service Manager around Risk Assessment and progressing ASP Actions.		31 st July 2022			GREEN Agreed actions in place	Audit completed and agreed appropriate use across Teams.
	Develop Practice Guidance to support decision making and use of discretion appropriately		31 st August 2022			GREEN Draft Procedures in Place	
	Establish quarterly development sessions to Teams all grades, Council Officers, Team Leads, Service Managers to improve consistency of practice around ASP Guidance		31 st October 2022			GREEN	Workshop programmes in place and feedback is positive (80%).
	Establish Quarterly development sessions for Service Managers to improve consistency of practice around ASP Guidance and application by Service Managers		31 st October 2022			Programme of workshops to be restarted, can use regular Team Meetings ongoing	Case file audit to confirm consistency of practice and application of guidance.
	Programme of self-evaluation workshops to be re-established to assist in governance and consistent application of guidance						

3: The Partners should review its key processes documentation to ensure it more accurately records matters in relation to the three-point-test.							
Action Item	Action Required	Person Responsible	Timescale	Status / Comments	How will we know achieved?		
A	Establish explicit recording of the application of 3-point Test at all stages of ASP Process	Alan Brown	31 st January 2022	GREEN Approved and Complete	Consistent application and recording of 3-point criteria.		
	Briefing Sessions to Teams		31 st August 2022	GREEN Complete			

		HSCP and Police Scotland to further develop understanding and application of the 3-point Test		31 st August 2022	GREEN	
		Audit Roll out		30 th September 2022	GREEN	Audit reports passed through Governance Structure.
					2022 Single Agency Audit Complete	Annual Audit arranged June 2023

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?
A Refresh Quality Assurance framework across Partnership	Audit of Framework – across past 2 years	Alan Best	31 st December 2021	GREEN Business Plan in place and relaunched. Complete	Signed off by COG as complete.
	Identify Key Areas for Audit		31 st January 2022	GREEN Business Plan in place and relaunched. Complete	
	Agree Audit Plan and Framework		31 st January 2022	GREEN Business Plan in place and relaunched. Complete	
B ASPC Quality and Development Sub Committee	Review role remit and attendance of QDSC		31 st March 2022	GREEN Complete. Next review May 2023	

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?
A Accelerate APC Business Plan implementation	Approve action around APC Business Plan	Allen Stevenson	May 2022	GREEN Complete	Signed off by COG as complete. Business Plan 2022/24 submitted to Scottish

