

SCR P19 Action Plan (Draft Angus Council Specific Actions)

Recommendation	Action	Lead	Evidence / Outcome	Completion Date	Link to Other Plans	Actions Already Undertaken	Evidence of Action Already Undertaken
3.14	Angus Council should ensure that contracts with providers make explicit escalation responsibilities. This should include clear information to the provider on how to escalate concerns and who to escalate these to.	Work is being undertaken, in conjunction with AHSCP, to ascertain whether explicit escalation responsibilities, as provided for in the contract, are in keeping with best practice. Further actions may follow on once this work has been undertaken.	Angus Council		01/05/2022 (Any further action that may follow will have agreed dates TBC)		An initial review of the relevant contract, being "Help to Live at Home", has been undertaken and the contract provisions do contain explicit escalation responsibilities. Further work is being undertaken to ascertain whether these contract provisions are in keeping with best practice.
5.11	Angus Council Communities (housing) should develop clear guidance that provides the flexibility and governance required to ensure regular inspection of those properties where concerns have been raised on a regular basis.	Implement inspection protocol for properties where concerns have been raised	Angus Council	Number of properties where concerns have been raised by risk level - high/medium/low  Percentage of inspections completed as per agreed inspection rate	01/04/2022 - review implementation quarterly thereafter		Inspection Protocol for properties where concerns have been raised will be implemented This will cover: Role of other agencies/ communication of concerns when identified/ identifying key contacts Assessment of level of risk, links to inspection rate Escalation process where access denied
5.12	Angus Council Communities (housing) should develop a protocol in relation to vulnerable people at risk requiring urgent housing that provides clarification on roles and responsibilities for vulnerable people requiring temporary housing. This should make clear who has responsibility to secure accommodation when housing have no accommodation available and this should be made widely available to partners.	Review existing temporary accommodation policy	Angus Council	Temporary accommodation policy is reviewed and available to partners  Percentage offered temporary accommodation immediately	01/04/2022 - review implementation quarterly thereafter	Rapid Rehousing Transition Plan	Agreed to review existing temporary accommodation policy to consider: Role of direct access flat at North Grimsby / other direct access accommodation; use of supported housing as interim accommodation; store of furniture; provision of support/ role of AHSCP; escalation policy when suitable accommodation/ support cannot be identified through normal channels

SCR P19 Action Plan (Draft Angus Health and Social Care Partnership Specific Actions)

Recommendation	Action	Lead	Evidence / Outcome	Completion Date	Link to Other Plans	Actions Already Undertaken	Evidence of Action Already Undertaken
1.3	The District nursing service should undertake an audit of records across the service and develop an action plan to address the poor record keeping, in line with the NHS Tayside Record Keeping Policy and Nursing and Midwifery Council Standards for Record Keeping. This should have a particular focus on ensuring that records reflect the current circumstances of the individual.	District Nursing service will be included in end of year audit.	Angus Health and Social Care Partnership (AHSCP)		To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	New person-centred record has been introduced within the District Nursing service (June 21) Training on record keeping within District Nursing service is taking place.	Audits regularly take place within District Nursing. However, there was recognition that the patient held records required to be updated. A new record has been developed and is currently being implemented. The new record format will facilitate better record keeping. District Nursing will also need to implement some training on the importance of record keeping.
1.4	Homecare should complete the programme of updating processes and guidance across the service that has commenced in relation to case recording and referral information. The service should implement an audit of records across the service and develop an action plan to address the poor record keeping.	Audit tools to be reviewed to ensure a focus on Adult Support and Protection cases. All Adult Support and Protection cases are audited monthly and a new tool is being developed. All Adult Support and Protection cases are highlighted at Multi-disciplinary Team meetings. This information needs to be cross referenced to Enablement Response Team cases by Senior Social Care Officer. Senior Social Care Officers to highlight Adult Support and Protection cases in case files. Case Recording training to be rolled out to all Enablement Response Team staff. All these actions will be included in the ERT action plan	Angus Health and Social Care Partnership (AHSCP)		To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	Monthly case file audits are in place by Senior Social Care Officer and Home Care Manager to ensure consistency and highlight any issues to be actioned by workers. Enhanced community service already covers all ages however aligned care management teams historically have been >65yrs. This is now being addressed. Front-line teams to be reminded that age is not a barrier to being considered within Enhanced Community Service meetings	Audit of Clinical, Care and Professional Governance assurance reports will include homecare service. Homecare service provided by external agencies would require this to be agreed as part of commissioning arrangements.
1.6	The AHSCP should consider the development of an enhanced care service for people under 65 to include expanding the current Multi-disciplinary Team system to enable it to be more flexible, responsive, and inclusive to need, rather than be focussed on age. This should include considering a review of the provision of Advanced Nurse Practitioner roles across Angus to ensure equity of access and support to treatments and consideration of an Advanced Nurse Practitioner within the AIDARS service.	The needs of particular younger adult population to be addressed: Neurological enhanced community support to continue to be tested and rolled out in Angus AIDARS are working on model to achieve Medication Assisted Treatment (MAT) standards with primary care with focussed stakeholder engagement. Mental Health/Angus Clinical Partnership group development event is planned with a view to improving interface between primary care and mental health services. Advanced Nurse Practitioner roles are being considered within Mental Health including AIDARS as part of workforce planning. Enhanced Community Services should not be age related currently. District Nursing can undertake further	Angus Health and Social Care Partnership (AHSCP)	Mid January	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	Whilst Monifieth Integrated Care was aimed at older people, the project did occasionally include under 65 cases. Planning is underway to extend Integrated Care to other areas of Angus and the roll out will include under 65's. Enhanced community service already covers all ages however aligned care management teams historically have been >65yrs. This is now being addressed. Front-line teams to be reminded that age is not a barrier to being considered within Enhanced Community Services meetings.	
1.8	The AHSCP should ensure all services have a system in place to provide assurance that a case referral made from one service to another has been received and that the required support has commenced, prior to current service support ending and the case being closed. This will ensure that no one is left without any ongoing support when they have been assessed as requiring it.	see below  Operational Instructions required. ECLIPSE will be considered to evidence practice in this area. This will be given high priority at Eclipse Change Board. (PM) Planned Care Board to continue to review referral cancellations to ensure appropriate pathways. Quality Improvement work involving General Practice is planned.	Angus Health and Social Care Partnership (AHSCP)		To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	SCR O18 Rec. 4 Action 8: work to be undertaken with local General Practitioners to develop clear information sharing and recording process for when an adult is at risk. Short Life Working Group convened and front sheet developed for info sharing to General Practitioners to advise of Adult Protection measures  SCR O18 Rec.9: Angus HSCP also to review the current system of managing referrals and discharges from Community Mental Health Team to ensure that all cases are fully considered by all relevant professionals.  AHSCP ASP Audit Rec. 22: Referral documentation should be developed where cases are to be transferred or co-worked between teams. This should include the expectation of a chronology at handover. Referrals to other agencies should contain an assessment of risk and need and a clear request for the scope of work expected.  AHSCP ASP Audit Rec 22: Electronic prompt to respond to referrers that concerns have been received.	Transfer of cases Operational Instruction to be reviewed to include expectation of chronology – completion date Dec 2021 Enhanced Community Services meetings with regular discussion of at-risk persons to facilitate handovers.  The referral prompt to respond to Adult Support and Protection referrals is presently being addressed by the ECLIPSE Change Board] (PM)

				Completed 2019	<p><b>SCR O18 Rec. 11:</b> Angus HSCP should review how agencies work together in sharing relevant information and concerns to ensure individuals are enabled to access the right services with flexibility across professional services and geographical boundaries</p> <p><b>ICR/Case Review R19:</b> The Policy and Practice sub group of Angus Adult Support and Protection Committee should consider the benefit of agreeing and implementing a shared risk assessment tool</p>	<p>In complex or disputed cases, the Complex and Co-existing Conditions Panel process is invoked. (LK)</p> <p>Completed</p>
2.3	Services within AHSCP should ensure they support integrated working and the involvement of the correct professionals/agencies at the correct time. Consideration should be given to inviting Social Care Officers to practice Multi-disciplinary Team Enhanced Community Service meetings. There is a need for clear information and guidance to be made available for staff about what health services are available and how these can be accessed.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	<p><b>AHSCP ASP Audit Rec.16:</b> The right people with the right knowledge and decision making powers need to attend case conferences and other relevant Adult Support and Protection meetings- all agencies/Adult Support and Protection Committee Practice Subgroup</p>	<p>Invitations to Adult Support and Protection meetings is being extended to include care at home, day care, and district nursing.</p> <p>Regular communication between home care providers and the Community Nursing service to continue to be developed.</p> <p>Clear guidance is now in place to ensure clinical care needs and concerns are communicated directly to community nursing teams with regular meetings in place at local level. This shouldn't be limited to e.g. District Nursing but involve the most appropriate clinical lead for the case at the time. (AC)</p>
2.4	The AHSCP should review the process for referring to District Nurses to adopt a person centred rather than a task focussed approach. This review should include a system where, when required, individuals are admitted to the District Nursing caseload rather than just receiving input for specific tasks to ensure a holistic and person-centred approach to meet the health needs of individuals. Written criteria relating to the role of the District Nursing service and the referral process should be made widely available to aid understanding of the District Nursing role and how it can be accessed.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government		<p>District Nursing caseload admission and discharge document across Tayside is in development and shortly to be agreed. (AC)</p> <p>District Nursing have developed Admission and Discharge Guidance. This is in its final draft and out to the District Nurses across Tayside to comment on prior to launching early 2022. District Nursing can ensure that this is made widely available. (AC / KF)</p>
2.5	AHSCP should review the current reach of anticipatory care planning to ensure that patient's receive care earlier rather than later and that information is available to all professionals involved in unscheduled and secondary care.	Relevant REFLECT self-evaluation questions to be completed over next 10 months to include 2.3 and 5.2 in particular. Themes across all services to be identified and action plans completed.	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	<p><b>AHSCP ASP Audit Rec. 8:</b> There should be more explicit analysis of risk in the ASP1 investigations</p>	<p>Training to provide more explicit analysis of risk in the ASP1 has been raised to Adult Support and Protection Training Sub Group for review and consideration</p> <p>Generic Risk assessment will be trialled in one team for three months. Completion Dec 2021.</p> <p>Guidance to be developed to ensure level of risk determines decision to raise Initial Referral Discussion or elevated directly to Case conference. Will require discussion within Team Management Forum</p> <p>Anticipatory care planning is included within the Angus annual assurance template. An audit will take place regarding the performance in this indicator for all partnership services with barriers to an anticipatory care. District Nursing are currently testing the use of ReFLECT (anticipatory care plan) and are the first to use in Tayside. Three have been completed. (AC/ KF)</p>
					<p><b>AHSCP ASP Audit Recs. 10 and 11:</b> effective chronologies must be prioritized as a routine casework task. These must be produced in a way that adds value to informing risk assessment. Tayside Practitioners Guidance: Chronologies (2019) should be followed: A new chronologies operational instruction has been drafted and agreed. This is now in operation - Completed.</p> <p><b>AHSCP ASP Audit Rec.18</b> Earliest possible collaborative and SMART intervention should be taken and recorded, prior to the adult protection threshold:</p> <p><b>SCR O18 Rec. 6:</b> The learning from SCR O18 should be used to inform the ongoing work of the Transitions Group. This should include the following: The identification of young people who may be vulnerable and who would benefit from additional support. Consideration of support options where young people do not meet the threshold for statutory services. Development of a coordinated approach and a pathway of support based on identified need: A gap analysis has now been undertaken. This information is currently being analysed and membership of Short Life Working Groups are being identified to progress proposals for bridging identified gaps and devising improvements to close the gaps, in both areas of current support where gaps have been identified and in newly emerging areas.</p>	<p>A new chronologies operational instruction has been drafted and agreed. This is now in operation - Completed.</p> <p>The non-protection risk assessment has been re-named as the generic risk assessment. An operational instruction has been drafted and is being trialled.</p> <p>A gap analysis has been undertaken and the information currently being analysed and membership of Short Life Working Groups are being identified to progress proposals for bridging identified gaps and devising improvements to close the gaps, in both areas of current support where gaps have been identified and in newly emerging areas.</p> <p>The transitions group is a strategic planning group and not a case planning group. This would sit with Complex and Co-existing Conditions Panel if not resolved through current pathways. Pathways of support and early intervention resources are being developed in the Transitions Group.</p>

				<p><b>SCR O18 Rec.13:</b> Angus HSCP should develop a process that facilitates staff to identify cases and access support and advice from fellow professionals. The process should be inclusive of opportunities for reflective practice to develop.</p> <p><b>ICR/Case Review R19:</b> There is a need to ensure we develop a shared understanding of the roles and responsibilities of different agencies and create the conditions for improved joint working that resolve concerns and reduce negative attitudes.</p>	<p>All services have Adult Protection Champions to signpost staff to for advice and guidance, to support in complex cases and in promoting good practice in Adult Support and Protection. Test of Change of this approach being undertaken to end of January 2022.</p> <p>Relevant REFLECT self-evaluation questions to be completed over next 10 months to include 2.3 and 5.2 in particular. Themes across all services to be identified and action plans completed. District Nursing are currently testing the use of ReFLECT (anticipatory care plan) and are the first to use in Tayside. Three have been completed. (AC/ KF)</p>
2.8	Angus HSCP should review the falls pathway to include confirmation to referrers that the referral has been received, what follow up action will be taken and when and alerting referrers to issues of non-engagement and case closure.	Falls pathway will be taken forward by Angus falls group.	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	There is a current protocol in place which will be reviewed.
2.9	The Angus Falls service should consider liaising with Occupational Therapists and Physiotherapists who attend practice Multidisciplinary Team meetings (MDTs) and Enhanced Community Service meetings	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	The falls assessor has trialled sending out weekly notifications through the generic Occupational Therapy /Physiotherapy mailbox. This is something that shall be revisited. A "falls champion" in each locality is being considered. (AM)
2.10	Angus HSCP should review the need for staff education and training in relation to the Falls Pathway.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	Additional resource agreed to support the Angus Falls group in developing practice. Agenda is around the pathways into the service alongside staff training. (AM)
3.3	The AHSCP should ensure that membership of core group meetings should include health professionals and the introduction of Adult Protection Advisor posts within NHS Tayside should be considered to support ASP meetings to ensure there is always adequate representation, good decision making and escalation.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	<p><b>ICR/Case Review R19:</b> The Policy and Practice sub group of Angus Adult Protection Committee should consider the benefit of agreeing and implementing a shared risk assessment tool.</p> <p><b>AHSCP ASP Audit Rec.16:</b> The right people with the right knowledge and decision-making powers need to attend case conferences and other relevant ASP meetings. Further contributions from relevant health professionals are needed.</p> <p>2021 saw the involvement of an adult protection advisor from NHS Tayside in every adult protection case conference and at every adult protection core group meeting in Angus, and this is ongoing as at December 2021 (MH).</p> <p>Greater involvement of Angus Associate Medical Director and lead nurse within work of Adult protection will improve links between health and social care for Adult Support and Protection and ensure appropriate engagement of relevant health services. (AC)</p>
3.6	Angus HSCP should review the documentation process for core group meetings to ensure they are able to evidence the discussion and decision making. This should include considering the role and provision of admin to support operational staff preparing minutes for Adult Protection meetings. It would also be helpful to add a section to the current documentation that allows for "barriers to information sharing and agreed actions to mitigate against the risk of information not being shared" being captured.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	<p>ASP1 reviewed and amended. Minute of Core Group Meeting reviewed and amended. Completed.</p> <p>There is a new process for communications with GPs as part of O18, improvement plan. This will continue to be evaluated. Completed. ASP1 reviewed and amended. Minute of Core Group Meeting reviewed and amended. (MH)</p>
3.11	The AHSCP should consider the role of a lead professional within adult support and protection processes and what the role, function and decision making requirements would be.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	In Angus the keyworker allocated for every adult at risk subject to a formal protection plan always has the clear task - the receipt and dissemination to relevant professionals of any information relevant to the wellbeing of the adult at risk. (MH)
3.12	The AHSCP should ensure Service Leaders have a robust system in place for monitoring Adult Support and Protection cases and raising these with Team Managers in supervision. The AHSCP should consider the extent to which there is a culture of support in managing complex adult support and protection cases, including time for cases to be explored, risks to be escalated and decisions to be given some further oversight and governance. Staff need to understand how Senior Managers can influence. Clear information should be provided to Team Managers about the role and responsibilities of Service Leaders which is consistent across all services within the AHSCP.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	<p><b>SCR O18 Rec. 13</b> Actions 1 and 2: Angus HSCP should review the training needs across the staff group in relation to understanding of the inter-related nature of trauma, adverse childhood experiences, mental health and substance use and implications of GDPR in terms of information sharing. A process should be developed to facilitate access to specialist peer support</p> <p>Draft operational instructions for Adult Support and Protection supervision have been agreed by service leaders for a test in 3 teams. Support to managers in form of discussion groups is in place. Measures in place: 1. staff perception in terms of reflective supervision 2. time needed for managers to undertake this model.</p> <p>A clear escalation process in place about cases of concern is needed, also with cases below the Adult Support and Protection threshold across all services. (PM)</p>

5.4	Partners within Angus HSCP should develop and implement a process which allows staff to purchase basic items quickly when required to ensure essential care can be provided in cases of extreme self-neglect.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	This already exists under emergency payments under S12 SW (Scotland) Act 1948. Awareness may need to be raised with non-social-work qualified staff.
5.6	A multi-disciplinary approach should be taken across Angus HSCP to ensure all individuals, irrespective of grade or employing organisation who are supporting individuals should have the opportunity to be involved in team discussions and have their contributions valued.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	<b>AHSCP ASP Audit Rec. 24:</b> Relevant supervision policy should be revised Supervision satisfaction survey undertaken. Operational Instructions updated and an evaluation of the trial of the draft instructions to be undertaken- Completion date January 2022. See Multi-disciplinary team and Integrated Care references above  Home care workers should be closely linked with the district nursing service and contacted directly with clinical care concerns, with regular meetings. The Enhanced Community Service /Multi-disciplinary Team values of equal partners in care should be reinforced within all teams. Relevant REFLECT self-evaluation to be carried out within all services in Angus HSCP.
5.10	The AHSCP should review their assessment and care management procedures to include guidance for staff when an individual who is dependent upon alcohol repeatedly comes to the attention of health and/or social work services. Procedures should ensure an assessment of the individual's capacity to consent to and co-operate with proposed care and treatment necessary to protect his/her health, safety and/or welfare.	Referral pathways between AIDARS and Community Mental Health would benefit from review, as well as discussions within Community Nursing as part of ongoing Multi-disciplinary Team developments across Angus (PM) Procedures to ensure capacity to consent require to be included within the present review of capacity assessment pathways, or lack of within Tayside, as well as discussions around targeted training around Crossing the Acts Training (AWI, ASP, Mental health legislation) being developed within Angus. Needs embedded within workforce development/ Training partnership discussions (PM)	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	AIDARS included in stakeholder event between primary care and mental health services to ensure integrated approach for the future (AC) There are clear referral structures and review structures embedded within the completed Dual Diagnosis Pathway between substance and mental health services. This is also included within the North East Enhanced Community Services Project, which includes primary care representation. (PM)
5.13	The AHSCP should consider how they will meet the needs of people under the age of 65 who have a need for respite care and progress plans to develop adequate provision. This could include a local, dedicated respite service for people under 65 in Angus who have complex lifestyles and that includes the right type of support and environment for this younger age group along with a suitable environment and suitably qualified and trained staff.	Work in progress via Physical Disabilities Improvement Plan. Report due to IJB in February 2022.	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	Neurological Enhanced Community Service now being trialled (joint meetings between District Nursing and specialist neuro. Nurse). Early indications are positive with plans to roll out. It may be with enhanced support in the community, less reliance is placed on residential facilities or hospitals. (AC)
5.14	The AHSCP should provide training to staff in respite services and/or bespoke input or support when they are required to support younger people with complex needs within an older people's respite environment.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	
6.1	The AHSCP should review local ASP Operational Instructions to reflect the agreement described in this section in relation to Police Scotland.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	
7.1	The AHSCP should amend local operating processes to ensure that a prompt is built into the core group meetings where the core group should consider the need for any of the legal powers available. The chairperson of these meetings should explicitly record why Legal and/or Mental Health Officer representation are not included within the core group membership, if this is the case.	Under development	Angus Health and Social Care Partnership (AHSCP)	Completed	Local operating procedures amended. Completed