

**SCR P19**

**Progress report on recommendations applicable to Angus Health and Social Care Partnership**

**Navigating this document**

Section 1 contains all Health and Social Care Partnership single-agency actions

Section 2 contains all multi-agency and joint actions

**Finding specific points:**

Using the “Ctrl” and “F” keys together on your keyboard, enter a key word e.g., “1.3” (recommendation number), lead name etc

Using the “Ctrl” and “Home” keys brings you to the start of the document, and “Ctrl” and “End” keys takes you to the end.

**Key**

<b><u>Red</u></b>	<b><u>Significant barriers to progress</u></b>
<b><u>Amber</u></b>	<b><u>Progressing</u></b>
<b><u>Green</u></b>	<b><u>On target for completion</u></b>

**Section 1 – Health and Social Care Partnership Actions**



**Recommendation 1.3**  
**The District Nursing service should undertake an audit of records across the service and develop an action plan to address poor record keeping, in line with the NHS Tayside Record Keeping Policy and NMC Standards for Record Keeping. This should have a particular focus on ensuring that records reflect the current circumstances of the individual.**

	<b>PROGRESS REPORT</b>
Date of progress report	20.4.22
Named lead (and author of report)	Primary Care Manager Team Manager District Nurse

	Lead Nurse
Named lead in partner agencies with whom we will collaborate	
Plan to implement this recommendation	District Nursing service will be included in end of year audit.
Actions taken (Please provide a full record of all progress)	<p><u>Reported prior to 20.4.22</u></p> <p>Training on the RCN Record Keeping and documentation has been delivered to all District Nursing Teams. A record keeping audit has been undertaken for over 60% of teams and feedback given on good practice and improvements. The new audit tool has been developed and is being tested January/February 2022 and will be rolled out thereafter.</p> <p>Evidence on the good practice and required improvements from the audits are being collected in a brief report which documents training delivery on record keeping. Within all District Nursing teams, P19 Significant Case Review was discussed as a shared learning opportunity. All recommendations for the District Nursing service were highlighted. This generated significant discussion and reflection.</p> <p>Training on record keeping completed December 2021</p> <p>11.4.22</p> <p>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.</p> <p>DATE: 10/06/2022 (Lead Nurse &amp; Team Manager District Nurse)</p> <ul style="list-style-type: none"> <li>• All District Nurse teams notes have been audited x 1 in past 6 months and this is due to be repeated</li> <li>• Individual team discussions carried out regarding audit results, required improvements and good record keeping</li> <li>• Face to face Royal College of Nursing accountability and record keeping</li> </ul>

	<p>talk delivered to all teams over a four-week period</p> <ul style="list-style-type: none"> <li>• Accountability and record keeping sessions delivered via teams, session recorded, and link shared with all staff who were unable to attend face to face or MSTeams sessions</li> <li>• The newly developed audit tool has now been adopted for future audits of Angus Community Nursing notes</li> <li>• Service risk raised regarding the lack of mobile technology for people seen by the District Nurse service but not admitted to the District Nurse caseload.</li> </ul>
Next steps	<p>10.06.22 (Lead Nurse &amp; Team Manager District Nurse)</p> <ul style="list-style-type: none"> <li>• Audits ongoing and will be completed by end of March 2022 – COMPLETE</li> <li>• Opportunities for the implementation for mobile technology for the District Nurse teams are being explored by NHS Tayside</li> <li>• Short term record for District Nursing service is being explored</li> </ul> <p>18/08/2022 (Lead Nurse &amp; Team Manager District Nurse)</p> <ul style="list-style-type: none"> <li>• District Nursing service revised notes audit tool has now been finalised for across Tayside</li> <li>• Senior Nurse and District Nurse Locality Lead have agreed a programme for future notes audit</li> <li>• EMIS has now been served notice with a view to a new electronic record system, which will support mobile working being implemented.</li> <li>• Use of a mobile tablet device is being tested in Perth and Kinross</li> </ul>
Issues or challenges /Exception reporting	
Risks	Lack of mobile technology
Planned completion date of next steps	
How will we know we have been successful in implementing this recommendation?	
What measure will be used to ensure recommendation is met?	

What is the plan to embed the change relating to this recommendation?	
Date of assurance measured	
Evidence of assurance measured	
Comments	

**Recommendation 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 poor record keeping.**

	<b>PROGRESS REPORT</b>
Date of progress report	4.7.22
Named lead (and author of report)	Service Leader 5 (from June 2022)
Named lead in partner agencies with whom we will collaborate	
Plan to implement this recommendation	<p>Action 1 Audit tools to be reviewed to ensure a focus on Adult Support and Protection cases. 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.</p> <ul style="list-style-type: none"> <li>• Case File Audit Tool has been reviewed and now has a section added to assess a focus on Adult Support and Protection cases – escalation that includes Are people highlighted, Is the three-point test evident, Is there an ASP plan in place, Are Enablement Response Team involved in ASP reviews?</li> <li>• Enablement Multi-Disciplinary Teams detail ASP case concerns during their meeting with an additional section on ASP</li> </ul>

	<ul style="list-style-type: none"> <li>• All Senior Care Officers (Enablement Response Team and Community Alarm control) are completing Case Recording Procedures on Turas in preparation for further training for inputting into Eclipse</li> <li>• Enablement Response Team are invited and involved in ASP reviews and case conferences</li> <li>• Staff attending online ASP training</li> <li>• We are looking at links to housing – escalation around neglect concerns hoarding, environment concerns etc.</li> </ul> <p>Action 2 All these actions will be included in the Enablement Response Team action plan</p> <p>Action 3 Review Care Management audit tool, remove relevant parts and develop Enablement Response Team Adult Support and Protection audit tool, this will then be rolled out to Senior Social Care Officers to complete monthly and monthly peer audits will be completed by Home Care Managers. Add in Adult Support and Protection to Enablement Response Team referral form to highlight active Adult Support and Protection cases. Case Recording Training for Enablement Response Team to commence once new staff receive start dates and buildings open up to allow this to occur face to face. Now in place</p>
<p>Actions taken (Please provide a full record of all progress)</p>	<p><u>Action 1</u></p> <p>Monthly case file audits are in place by Senior Social Care Officers and Home Care Response Managers to ensure consistency and highlight any issues to be actioned by workers These are noted in Self Evaluation data. Any call out reports are emailed to Care Management for action and information</p> <p>Audit tools to be reviewed to ensure there is a focus on ASP cases/consider separate audit tool for ASP cases. – Not required – ASP audit tool part of Enablement Response Team case File Audit</p> <p>All ASP cases are audited monthly. – Record of completion kept and evaluated</p>

	<p>All ASP cases are highlighted at Multi-Disciplinary Team – this info needs to be cross referenced to Enablement Response Team cases by Senior Social Care Officers. Senior Social Care Officers to highlight ASP cases in case files. In Place</p> <p>30-06-2022 Copy of File Audit Tool shared with all Senior Social Care Officers for discussion and awareness of audit standard - Audit Tool Updated that includes ASP audit</p> <p><u>Action 2</u> Completed</p> <p><u>Action 3</u></p> <p>Enhanced community service already covers all ages however aligned care management teams historically have been &gt;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</p> <p>Case Recording training in progress of being developed by the service and will be rolled out to all staff. Audit tool to be developed to include monthly audit of all cases identified as Adult Support and Protection in Enablement Response Team.</p> <p>All staff have attended Adult Support and Protection mandatory training. Further Q &amp; A consultations to be held with all, staff and rolled out 3 monthly ongoing to refresh and re-evaluate.</p> <p>DATE: 16.9.2022</p>
Next steps	<p><u>Action 1</u></p> <p>Case Recording Consultation and training to be held with staff to evidence full assessment and support to be carried out first with Senior Social Care Officers at Development Day Completed August 2022 - ASP – P19 included as part of Development Day carried out April 2022</p>

	Home Care Manager peer audit to be completed on a 3 monthly basis – commence September 2022 – Will commence October 2022 due to Annual Leave
Issues or challenges /Exception reporting	
Risks	
Planned completion date of next steps	October 2022
How will we know we have been successful in implementing this recommendation?	
What measure will be used to ensure recommendation is met?	
What is the plan to embed the change relating to this recommendation?	
Date of assurance measured	
Evidence of assurance measured	
Comments	

### Recommendation 1.6

**The AHSCP should consider the development of an enhanced care service for people under 65 to include expanding the current MDT 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 ANP roles across Angus to ensure equity of access and support to treatments and consideration of an ANP within AIDARS service.**

	<b>PROGRESS REPORT</b>
Date of progress report	16/08/22 - complete
Named lead (and author of report)	Lead Clinician, Service Leader 3, Lead Nurse
Named lead in partner agencies with whom we will collaborate	Head of Service 1
Plan to implement this recommendation	This recommendation covers three main aspects: 1) people under 65 with disabilities 2) people under 65 with substance misuse issues 3) people under

	<p>65's with frailty or health issues.</p> <p>Neurological enhanced community support to continue to be tested and rolled out in Angus.</p> <p>Angus Integrated Drug and Alcohol Recovery Service (AIDARS) are working on model to achieve Medication Assisted Treatment (MAT) standards with primary care with focussed stakeholder engagement.</p> <p>Mental Health/Angus Clinical Partnership group development event is planned with a view to improving interface between primary care and mental health services.</p> <p>Advanced Nurse Practitioner roles are being utilised within adult Mental Health and are commencing in AIDARS as part of workforce planning.</p> <p>Enhanced Community Services should not be age related currently. District Nursing can undertake further training on this.</p>
<p>Actions taken (Please provide a full record of all progress)</p>	<p>AIDARS have begun the process of reviewing the skills mix within the nursing team and are participating in the area wide Advanced Nurse Practitioner review forum on this need. Funding routes will need to be explored to take this development forward.</p> <p>1 trainee Advanced Nurse Practitioner recruited in AIDARS. 2 <i>Advanced Nurse Practitioners in CMHT have completed 2-year ANP training and working as ANPs in the team. Two trainee ANPs have been recruited and commence training end May 2022.</i></p> <p>An enhanced community support hub has been tested in North-East Angus, including CMHT, AIDARS, psychology services and wellbeing service. Evaluation has concluded and planning for roll out will commence across Angus this year and planned within the mental health and wellbeing in primary care planning group. There is a co morbidity pathway being utilised in CMHT</p>



	<p>and AIDARS. There is information about mental health services and referral routes on the AHSCP website. A list of resources has been provided to GPs.</p> <p>Business as usual - Mental Health Enhanced Community Support hub model roll out across Angus planned through Mental health and wellbeing in primary care planning group.</p> <p>The roll out of Integrated Care entered its first phase in Spring 2022 with the inaugural meeting of the Steering group for roll out to Brechin Health Centre and the Links Health Centre - Montrose on 18/02/22. The roll out will include a formal extension to under 65's. Timescale; this phase of roll out by December 2022. Further phases throughout 2023. In addition, a report summarising progress on the Physical Disabilities and Learning Disabilities Improvement plans, both with developmental elements for under 65's, was considered at the Angus IJB on 23/02/22 and the updated plans were approved.</p> <p>Update 29/06/22 (GB) Integrated care roll out. Meeting of Brechin IC on 19/5/22; two steering groups to be established for Brechin and Links Centre, Montrose respectively reporting into oversight board. Meeting addressed Monifieth Integrated Care evaluation, strategic direction from Strategic Planning Group/Integration Joint Board, variables in model across county, stakeholder engagement, co-location and accommodation. Steering groups will progress referral process.</p> <p>Update 29/06/22 (PMc) New ANP post recruited and worker in place. Training plan commenced. New MAT Lead/ Primary care Liaison post went to interview, and candidate identified. This post will support the development of primary care interphase with substance services. This will also be supported by Specialist Doctor/ GP based within AIDARS</p>
Next steps	Steering group for roll out of Integrated Care, next phase being in Links Centre

	<p>Montrose and Brechin HC</p> <p>* Primary Care Workstream to be agreed with MAT Delivery group in July/ Aug 22</p> <p>Recommendation complete for Adult mental health</p>
Issues or challenges /Exception reporting	<p>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 over 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.</p> <p>The above was approved at the IJB on 23.2.22 This group of service users will be represented within the arrangements for Integrated Care.</p>
Risks	<p>Pace of roll out is constrained due to the care that needs to be exercised in taking involved staff through the change and capacity of relevant planners and managers.</p>
Planned completion date of next steps	<p>Second meeting of Integrated Care roll out to be scheduled for May-June 2022</p> <p>Learning Disability /Physical Disability improvements as per Improvement Action Plan</p> <p>Service Leader 3 Update 16/08/2022 AIDARS ANP posts identified, and recruitment process has completed with trainee in post. Funding identified through Action 15. Primary Care facilitator post developed as part of MAT Standard and will work in partnership with AIDARS ANP post to support inclusive health pathways for complex presentations. ANP trainee in post, and MAT Primary care facilitator posts to be in place by AUG 2022.</p>
How will we know we have been successful in implementing this recommendation?	<p>Integrated care operational across Angus</p>

	<p>Successful implementation of key elements of LD/PD Improvement Plans          Inclusive Primary Care Partnership between Substance Services and Primary Care (MAT Standards – 7)</p> <p>CMHT update – positive evaluation of new model has been undertaken and Key Quality Indicators will continue to be monitored.</p>
What measure will be used to ensure recommendation is met?	Services established and delivering
What is the plan to embed the change relating to this recommendation?	<p>For Mental Health Enhanced Community Service – multi-disciplinary hubs in Primary care in each cluster group will be established so staff are co-located. New roles with permanent funding have been developed – 4 ANP posts in mental health, a Senior Neurodevelopmental nurse so pathways will shift and embed this change.</p> <p>Integrated Care Service roll-out will be phased and evaluated.</p> <p>LD/PD Improvement Plan is monitored through the Angus Care Model meetings, Strategic Planning Group/Integration Joint Board.</p>
Date of assurance measured	
Evidence of assurance measured	
Comments	

**Recommendation 1.8**  
**The AHSCP should ensure all services have a system in place to provide assurance that a case referral from one service to another has been received and that 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.**

	<b>PROGRESS REPORT</b>
Date of progress report	16/08/2022 - COMPLETE
Named lead (and author of report)	Service Leader 3
Named lead in partner agencies with whom we will collaborate	Clinical Team Manager
Plan to implement this recommendation	Integrated referral Hub updated, and governance stream sits within the Recovery Orientated System of Care group. Standing agenda item in place around information governance
Actions taken (Please provide a full record of all progress)	<p>Operational Instruction in place to support this recommendation. Transfer of cases operational instruction to be updated. Admin processes being updated to involve use of checklist</p> <p>Short Life Working Group convened by General Practitioners and front sheet developed for info sharing to General Practitioners to advise of Adult Protection measures.</p> <p>In the draft home care handbook and community alarm response procedures there are sections to guide staff for situations where there is non-engagement</p> <p>Process in place to advise Adult Support and Protection referrers of outcome of Adult Support and Protection referral. Presently being pursued within Change board process as part of the Adult Support and Protection documentation update/ review.</p> <p>Enhanced Community Services meetings with regular discussion of at -risk persons to facilitate handovers.</p>

	DATE: 30/06/2022 update – ECLIPSE ASP referral feedback to referrer reviewed within Change board meeting. This had been placed on hold due to issues with new database system/ rollout. This to be included within the wider ASP documentation processes/ tools
Next steps	Operational Instructions required. ECLIPSE will be considered to evidence practice in this area. This will be given high priority at Eclipse Change Board. Planned Care Board to continue to review referral cancellations to ensure appropriate pathways.  Transfer of cases Operational Instruction to be reviewed to include expectation of chronology – completion date Dec 2022
Issues or challenges /Exception reporting	Need to ensure the agreed option is embedded within practice within both health and social work systems.
Risks	Multi system data base use within integrated services may pose a risk to
Planned completion date of next steps	December 2022
How will we know we have been successful in implementing this recommendation?	System/ process in place across dual data bases
What measure will be used to ensure recommendation is met?	Updated process and guidance in place around referral receipt and case transfer/ transition operational instructions agreed/ shared
What is the plan to embed the change relating to this recommendation?	
Date of assurance measured	
Evidence of assurance measured	
Comments	

**Recommendation 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 (SCO's) to practice MDTs or ECS 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.**

	<b>PROGRESS REPORT</b>
Date of progress report	09/06/2022 - COMPLETE
Named lead (and author of report)	Service Leader 4
Named lead in partner agencies with whom we will collaborate	Head of Service 3 Lead Clinician
Plan to implement this recommendation	
Actions taken (Please provide a full record of all progress)	<p>1 An enhanced community support hub has been tested in North-East Angus, including CMHT, AIDARS, psychology services and wellbeing service. Evaluation has concluded and planning for roll out will commence across Angus this year through the mental health and wellbeing primary care planning group. There is a co-morbidity pathway being utilised in CMHT and AIDARS. There is information about mental health services and referral routes on the AHSCP website. A list of resources has been provided to GPs.</p> <p>2. Invitations to Adult Support and Protection meetings is being extended to include care at home (Senior Care Officer's), day care, and district nursing.</p> <p>3. 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. (Lead Clinician) (DATE: 30.06.2022)</p>
Next steps	Action 1. New model has been developed and tested. Roll out of the mental health Enhanced Community Service model is being taken forward through the Angus Mental Health and Network strategic Group. Action complete.

	<p>Action 2. Completed.</p> <p>Action 3. Complete</p>
Issues or challenges /Exception reporting	Action 1. lack of space in GP practices.
Risks	Action 1. lack of space in Primary care buildings
Planned completion date of next steps	<p>Action 1 - Oct 2022</p> <p>Action 2 – May 2022</p> <p>Action 3. - June 2022</p> <p>Action complete</p>
How will we know we have been successful in implementing this recommendation?	<p>Positive evaluation of Enhanced Community Service model and ongoing monitoring of Key Quality Indicators</p> <p>Attendance at ASP meetings</p> <p>Sharing of information appropriately evidenced through audits</p>
What measure will be used to ensure recommendation is met?	
What is the plan to embed the change relating to this recommendation?	
Date of assurance measured	
Evidence of assurance measured	
Comments	

**Recommendation 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 need 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.**

	<b>PROGRESS REPORT</b>
Date of progress report	
Named lead (and author of report)	Team Manager District Nurse, Primary Care Manager, Lead Nurse
Named lead in partner agencies with whom we will collaborate	
Plan to implement this recommendation	
Actions taken (Please provide a full record of all progress)	<p>New documentation was introduced into the NHS Tayside District Nursing Service in June 2021, to ensure a holistic assessment of the needs of the individual when they are admitted to the caseload. Discussion will take place via the District Nurses Professional Leads Group as to how best to ensure the care of people who are initially referred for a single intervention are considered in a holistic way. Admission and Discharge Guidance for the District Nursing Service has now been agreed, and there are ongoing plans to launch this in Spring 2022 to ensure a Tayside-wide approach.</p> <p>New documentation in place for people on caseload.</p> <p>DATE: 10/06/2022</p> <p>The admission and discharge guidance for the District Nursing service is now available. A staffnet page for the Tayside District Nursing service is now available on our websites and the admission and discharge guidance posted on the site. The guidance has been shared with AHSCP and ongoing engagement with NHS Tayside regarding the new guidance and website page.</p>



<p>Next steps</p>	<p>Adapted short term records will be developed by the end of the year.</p> <p>District Nursing Admission and Discharge Guidance document across Tayside has been agreed and will be launched in the Spring. (Lead Nurse/Team Manager District Nurse). - COMPLETE</p> <p>District Nursing will ensure that this is widely available within the next 6 months. (Lead Nurse/Team Manager District Nurse). COMPLETE</p> <p>The development of the short-term admission documentation will be Tayside wide approach and therefore the plan is to have agreed documentation within 12 months (Feb 23)</p> <p>18/08/2022 (Lead Nurse/Team Manager District Nurse). Examples of short-term record is being tested in Brechin and we will take this to the next Tayside professional leads group meeting to discuss</p> <p>Clinical Educator team to commence on the 22<sup>nd</sup> of August and will oversee educational requirements of the DN service.</p>
<p>Issues or challenges /Exception reporting</p>	
<p>Risks</p>	
<p>Planned completion date of next steps</p>	
<p>How will we know we have been successful in implementing this recommendation?</p>	<p>Admission and Discharge Guidance in place Short Term Care Record in use</p>
<p>What measure will be used to ensure recommendation is met?</p>	
<p>What is the plan to embed the change relating to this recommendation?</p>	
<p>Date of assurance measured</p>	
<p>Evidence of assurance measured</p>	
<p>Comments</p>	

**Recommendation 2.5**

**AHSCP should review the current reach of anticipatory care planning to ensure that patients receive care earlier rather than later and that information is available to all professionals involved in unscheduled and secondary care.**

	<b>PROGRESS REPORT</b>
Date of progress report	01/10/2022
Named lead (and author of report)	Lead Clinician
Named lead in partner agencies with whom we will collaborate	Lead Nurse
Plan to implement this recommendation	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.
Actions taken (Please provide a full record of all progress)	<p>Adult mental health services have undertaken a review of cases and identified cases which require an anticipatory care plan. This is a Tayside agreed action which is being led by a Listen Learn Change recommendation group. There are plans in place to complete all required anticipatory care plans in mental health by end of 2022. Guidance and systems in place. Complete for adult mental health.</p> <p>16/3/22: the workbook containing all 10 REFLECT items has been distributed to all services with some progress towards completion. Service managers are encouraging this within their services and progress continues to be tracked through Clinical Care Professional Governance (assurance) bi-monthly meetings</p> <p>20.4.21 Training to provide more explicit analysis of risk in the ASP1 (Adult Support and Protection Investigation form) has been raised to Adult Support and Protection Training Subgroup for review.</p>

	<p>A generic risk assessment has been trialled in one team for three months concluding March 2022. This has been submitted (April 2022) to the AHSCP Operational Instructions Approval panel for consideration.</p> <p>DATE: 01/10/22: REFLECT tool has not been completed by all services as requested. This issue has been escalated within the bi-monthly reporting to the Angus Executive Management Team from the Chair of the Angus Clinical, Care and Professional Group (CCPG). Heads of Service advise that they are unable to prioritise this work at present due to competing pressures on the workforce. Discussion at CCPG indicated that service managers understood the importance of this work. Discussions on how this can be prioritised continue through both CCCP and Angus Executive Management Team, with dedicated project support available to all Angus services.</p>
Next steps	<p>Support is being provided by Improvement &amp; Development team to support the utilisation of reflect in the teams as the volume of demand and crisis is reducing the ability to team members to take this forward across Angus.</p> <p>Guidance to be developed to ensure level of risk determines decision to raise Initial Referral Discussion or elevated directly to Case conference. This 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. (Lead Clinician/Lead Nurse)</p> <p>Completion of REFLECT will continue to be encouraged and supported.</p>
Issues or challenges /Exception reporting	<p>Increased demand on mental health services and competing demands. Anticipatory Care Planning is not being prioritised by teams due to competing</p>

	demands. Assurance reports to Angus Clinical, Care and Professional Governance Group continue to have gaps around anticipatory care planning in many Angus Health and Social Care Partnership services
Risks	Lack of prioritisation for anticipatory care planning within Angus Health and Social Care Partnership due to competing demands on the workforce.
Planned completion date of next steps	31.12.22
How will we know we have been successful in implementing this recommendation?	ACPs in place for all complex cases
What measure will be used to ensure recommendation is met?	Quarterly audits
What is the plan to embed the change relating to this recommendation?	Standard operating procedure being developed for Tayside for adult mental health
Date of assurance measured	
Evidence of assurance measured	
Comments	

### Recommendation 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.**

	<b>PROGRESS REPORT</b>
Date of progress report	08.06.22
Named lead (and author of report)	Manager AHP
Named lead in partner agencies with whom we will collaborate	
Plan to implement this recommendation	Review undertaken of current practice and agreement of protocols moving forward
Actions taken	Currently email referrals are responded to with an acknowledgment receipt.

(Please provide a full record of all progress)	<p>The aim is to implement this for all referrals where we receive referrer's details.</p> <p>All referrers receive a copy of the action plan (as do patients) following triage call. Embedded in practice and will continue.</p> <p>Non-engagement: embedded in practice that two calls are made if no response a standard letter is sent out inviting them to call the department. Patients are encouraged to call at any time therefore no specific discharge date is given. Service is initiated whenever contact is made, irrespective of when this happens.</p> <p>Completion of Standard Operating Procedure (SOP) by 28.02.22</p> <p>17.03.22: Draft SOP now complete, for final review by 31.3.22</p> <p>08.06.22: SOP complete and reviewed, embedded in practice with associated protocols</p>
Next steps	Action completed and embedded in practice
Issues or challenges /Exception reporting	None
Risks	None
Planned completion date of next steps	Completed 08.06.22
How will we know we have been successful in implementing this recommendation?	Creation and implementation of SOP, accessible to all team members
What measure will be used to ensure recommendation is met?	Annual review
What is the plan to embed the change relating to this recommendation?	Currently embedded in practice
Date of assurance measured	<b>10/05/22 and 05/06/22</b>
Evidence of assurance measured	<b>Meetings with Care Inspectorate and Health Improvement Scotland to review and assure all work in relation to this recommendation is in place</b>

Comments	<b>Positive meetings and assurance provided, no further action</b>
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**Recommendation 2.9**  
**The Angus Falls service should consider liaising with Occupational Therapists and Physiotherapists who attend practice Multidisciplinary Team meetings (MDT's) and ECS meetings**

	<b>PROGRESS REPORT</b>
Date of progress report	08.06.22
Named lead (and author of report)	Manager AHP
Named lead in partner agencies with whom we will collaborate	
Plan to implement this recommendation	<p>Falls Lead to meet with Occupational Therapy/Physiotherapy Clinical Leads and Team Leads to identify "Falls Champion" for each locality who will link directly with the Falls Assessor.</p> <p>Review of weekly notification system to the generic inbox for the Occupational Therapy/Physiotherapy Community teams. To be agreed and tested by 31.03.22 for future implementation</p>
<p>Actions taken            (Please provide a full record of all progress)</p>	<p>17.03.22: 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. (Angus AHP Lead)</p> <ul style="list-style-type: none"> <li>• Identification of Falls Champion in each Angus locality linking into each GP practice Multi-disciplinary Team               <ul style="list-style-type: none"> <li>○ March 2022: Rather than identifying one "falls champion" it will be the responsibility of the therapists in the area to bring those raised to the relevant Multi-disciplinary Team meeting they attend.</li> </ul> </li> <li>- Review of weekly notification system to the generic inbox for the Occupational Therapy/Physiotherapy Community teams.               <ul style="list-style-type: none"> <li>○ March 2022: Template to be used within generic mailbox that</li> </ul> </li> </ul>

	states patient name, CHI number, GP practice and reason for raising at Multi-disciplinary Team.
Next steps	Action completed and embedded in practice
Issues or challenges /Exception reporting	None
Risks	None
Planned completion date of next steps	Completed 08.06.22
How will we know we have been successful in implementing this recommendation?	Feedback received reporting template is informative and well received within MDT
What measure will be used to ensure recommendation is met?	Review of feedback, quarterly review of template use by falls co-ordinator
What is the plan to embed the change relating to this recommendation?	Currently embedded in practice
Date of assurance measured	<b>10/05/22 and 05/06/22</b>
Evidence of assurance measured	<b>Meetings with Care Inspectorate and Health Improvement Scotland to review and assure all work in relation to this recommendation is in place</b>
Comments	<b>Positive meetings and assurance provided, no further action</b>

### Recommendation 2.10

**Angus HSCP should review the need for staff education and training in relation to the Falls Pathway**

	<b>PROGRESS REPORT</b>
Date of progress report	08.06.22
Named lead (and author of report)	Manager, AHP
Named lead in partner agencies with whom we will collaborate	
Plan to implement this recommendation	Education & training to be reviewed at each Falls Pathway group meeting
Actions taken (Please provide a full record of all progress)	<ul style="list-style-type: none"> <li>• Education &amp; Training will be added as a standing agenda item for Falls Pathway Group</li> <li>• Regular discussions on falls prevention training needs &amp; sharing best</li> </ul>

	<p>practice at Falls Pathway Group (quarterly) meetings.</p> <ul style="list-style-type: none"> <li>• Ongoing promotion of falls pathways via Falls Pathway Group, falls drop-in sessions/awareness events</li> <li>• Resource file available via MS Teams for any staff linked to Falls Pathway Group, with links to online training resources, videos and TURAS modules. These links can be shared wider as required.</li> </ul> <p>Additional resource agreed to support the Angus Falls group in developing practice. Agenda is around the pathways into the service alongside staff training. (Angus AHP Lead)</p> <p><b>17.3.22</b> Training videos now uploaded to HSCP intranet site on 10.03.22</p>
Next steps	Investigate the feasibility of training links being available on HSCP intranet and/or internet sites for access to all Partners – now complete
Issues or challenges /Exception reporting	None
Risks	None
Planned completion date of next steps	Completed 08.06.22
How will we know we have been successful in implementing this recommendation?	Evidenced within recordings of falls meeting and standing agenda items, accessibility of resource file via MS Teams and HSCP intranet site.
What measure will be used to ensure recommendation is met?	Annual review via pathways meetings
What is the plan to embed the change relating to this recommendation?	Currently embedded into practice
Date of assurance measured	<b>10/05/22 and 05/06/22</b>
Evidence of assurance measured	<b>Meetings with Care Inspectorate and Health Improvement Scotland to review and assure all work in relation to this recommendation is in place</b>
Comments	<b>Positive meetings and assurance provided, no further action</b>



**Recommendation 3.3**

**The AHSCP should ensure that membership of core group meeting 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.**

	<b>PROGRESS REPORT</b>
Date of progress report	09/06/2022 - COMPLETE
Named lead (and author of report)	Service Leader 4
Named lead in partner agencies with whom we will collaborate	NHST Lead Adult Protection Lead Clinician
Plan to implement this recommendation	Monitoring/ audit of attendance to take place as part of the ASP monitoring and review group, to ensure invites are in place to a multi-professional group. Development of attendance review process, to monitor those invited but do not attend requires development, to focus on professional groups.
Actions taken (Please provide a full record of all progress)	Action 1 ASP Audit tool to monitor invitation and attendance  Action 2 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 (Adult Protection and Review Officer).  Action 3 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. Both now members of the Angus Adult Protection Committee.  Action 4 Adult mental health have 2 Senior Practitioner post so there will be one based in the North and one in the South. This social work role supports good practice and governance of statutory roles, and this includes development of skills/ awareness of all staff of the priority of ASP.

	DATE: 26/07/22
Next steps	Action 1 – completed Action 2 – Completed Action 3 – Completed Action 4 – Completed
Issues or challenges /Exception reporting	
Risks	
Planned completion date of next steps	Action 1.2.3,4 complete
How will we know we have been successful in implementing this recommendation?	Adult Mental Health Senior Practitioner - Embedded new role. Meeting all timescales for ASP and attendance of required staff at ASP meetings.
What measure will be used to ensure recommendation is met?	ASP timescales and attendance at meetings monitored
What is the plan to embed the change relating to this recommendation?	Adult mental health – new Senior Practitioner role will embed this.
Date of assurance measured	
Evidence of assurance measured	
Comments	

**Recommendation 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 AP 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.

	<b>PROGRESS REPORT</b>
Date of progress report	28.2.22
Named lead (and author of report)	Service Leader 1
Named lead in partner agencies with whom we will collaborate	
Plan to implement this recommendation	Completion of Standard Operating Procedure (SOP) by 28.02.22
Actions taken (Please provide a full record of all progress)	<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.</p> <p>Admin Support - 10/06/22 - Funding secured for two LG4 clerical officers to support Team managers in the minute taking of core group meetings and AWI case conferences. Recruitment processes commenced.</p> <p>Documentation - 06/09/22 - Core Group documentation reviewed. No further amendments made.</p>
Next steps	<p>Documentation - Complete.</p> <p>Admin Support - Recruitment of clerical staff in progress.</p>
Issues or challenges /Exception reporting	None
Risks	<p>Documentation – Failure of staff to complete all fields in the document</p> <p>Admin Support - Failure to recruit appropriately skilled staff</p>
Planned completion date of next steps	September 2022

How will we know we have been successful in implementing this recommendation?	Documentation - Audit of documents will evidence discussion, decision-making, barriers to information sharing and actions to mitigate. Admin Support – Team managers will report that they are more supported in the preparation of minutes.
What measure will be used to ensure recommendation is met?	Documentation – Audit Admin Support – Views of Team Managers. Audit of core group minutes.
What is the plan to embed the change relating to this recommendation?	As described – documents have been changed and staff are to be recruited.
Date of assurance measured	
Evidence of assurance measured	
Comments	

### Recommendation 3.10

**All agencies should update their local operating procedures to reflect the above guidance which should include having one clear case holder with responsibility for the case. Although it is recognised that it is often necessary to have more than one service co-working a case and collaborating to achieve best outcomes for the individual, there should be one clear case holder leading the co-ordination of complex cases, to ensure clear lines of accountability.**

	<b>PROGRESS REPORT</b>
Date of progress report	10/5/22 29/06/22
Named lead (and author of report)	Head of Service 1
Named lead in partner agencies with whom we will collaborate	Head of Service 1
Plan to implement this recommendation	This is current operational requirement and practise but needs to be strengthened/reinforced.
Actions taken (Please provide a full record of all progress)	AHSCP: This process is already in place for all AHSCP Care Management Teams  Links to training tasks in APIP. Reminder will be sent to care managers/Council Officers about the importance of their role in ASP work as lead professionals

	and what this entails.
Next steps	29/06/22 (Head of Service 1) Mandatory training sessions to be provided in summer of 2022. To be progressed through AHSCP management structure. Meeting of SLs and AJ on 28/06/22 progressed arrangements through three elements: a) new Operational Instruction for supervision of care managers, including ASP work b) extension of Primary Workers' Forum from LD/PD to other services c) development of Community of Practice for ASP d) all Team Managers now signed up to coaching training. 2 x Team Manager training events being organised for late August/early September 2022 (after holiday period). Focus will be on supervision and primary worker role.
Issues or challenges /Exception reporting	Capacity in field teams
Risks	Dilution of lead role by multi-agency approach i.e. everybody thinking it is their job to lead, or lead function being unclear. This must sit with social work care management, as per statutory duties and training.
Planned completion date of next steps	September 2022
How will we know we have been successful in implementing this recommendation?	Mandatory training events have taken place, supervision model being delivered, new Operational Instruction being complied with
What measure will be used to ensure recommendation is met?	Reinforcement through management structure and audit function
What is the plan to embed the change relating to this recommendation?	As above
Date of assurance measured	
Evidence of assurance measured	
Comments	

**Recommendation 3.11**

**The AHSCP should consider the role of lead professional within adult support and protection processes and what the role, function and decision-making requirements would be.**

	<b>PROGRESS REPORT</b>
Date of progress report	25/04/22
Named lead (and author of report)	Head of Service 1
Named lead in partner agencies with whom we will collaborate	Head of Service 1
Plan to implement this recommendation	See below
Actions taken (Please provide a full record of all progress)	<p>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 from and to, professionals of any information relevant to the wellbeing of the adult at risk.</p> <p>DATE: 25/04/22 update Head of Service 1</p> <p>29/06/22 update Head of Service 1- see above at 3.10</p> <p>13.9.22 Reminder to care managers of importance of role of lead professional was reiterated through two development sessions in September 2022, delivered by Head of Service 1.</p>
Next steps	<p>Second session on managing sex offender risk in care homes to be delivered to independent providers and care management.</p> <p>Also, to be included in supervision review in care management review.</p> <p>Update- see above at 3.10</p>
Issues or challenges /Exception reporting	Turnover of staff; will wait for new intake in summer 2022
Risks	As above at 3.10
Planned completion date of next steps	By September 2022
How will we know we have been successful in	Delivery of two sessions and work with TMs through care management review

implementing this recommendation?	
What measure will be used to ensure recommendation is met?	As above at 3.10
What is the plan to embed the change relating to this recommendation?	As above at 3.10
Date of assurance measured	
Evidence of assurance measured	
Comments	

**Recommendation 3.12**  
**The AHSCP should ensure Service Leaders have a robust system in place for monitoring ASP 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.**

	<b>PROGRESS REPORT</b>
Date of progress report	30.6.2022 - Complete
Named lead (and author of report)	Service Leader 1
Named lead in partner agencies with whom we will collaborate	Service Leader 3, Service Leader 4, Service Leader 2 and Service Leader 5
Plan to implement this recommendation	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. (Service Leader 3)
Actions taken (Please provide a full record of all progress)	<u>Reported prior to 20.4.22</u>  Adult Support and Protection issues are discussed at each supervision session as a standing item.

	<p>Operational instructions are shared and reviewed by staffing groups on an annual basis.</p> <p>Draft operational instructions for Adult Support and Protection supervision have been tested in 3 teams concluding at the end of March 2022. Support to (pilot) managers in form of discussion groups has been given. (Senior Planning Officer 1))</p> <p>DATE: 30.6.2022</p>
Next steps	Evaluate new ASP supervision document
Issues or challenges /Exception reporting	Time for completion.
Risks	
Planned completion date of next steps	20.05.2022
How will we know we have been successful in implementing this recommendation?	Operational Instruction to be shared with staff and placed on AHSCP SharePoint
What measure will be used to ensure recommendation is met?	Case supervision records and audit process
What is the plan to embed the change relating to this recommendation?	
Date of assurance measured	
Evidence of assurance measured	
Comments	



**Recommendation 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.**

	<b>PROGRESS REPORT</b>
Date of progress report	30.06.2022
Named lead (and author of report)	Service Leader 3
Named lead in partner agencies with whom we will collaborate	Senior Practitioner 1 (AC), Service Leader 3, Service Leader 1, Service Leader 4, Service Leader 2 and Service Leader 5 (collective responsibilities across all service areas)
Plan to implement this recommendation	
Actions taken (Please provide a full record of all progress)	<p>Action 1 Operational Instruction (Chief Social Work Officer) 3.0 - "Assistance in Cash or Kind" requires review/ updating to give explicit instruction.</p> <p>Action 2 Included in staff induction programme, to include clerical and admin staff. This already exists under emergency payments under s12. Social Work (Scotland) Act 1968. Awareness may need to be raised with non-social-work qualified staff completed for home care and accommodation services</p> <p>DATE: 30.06.22</p> <p>4.7.22 - Added to Care Management Induction Programme and circulated to team managers and service leaders (Senior Planning Officer 1)</p>
Next steps	Action 1 – contact Senior Practitioner 1 (AC) to seek update of Operational Institution
Issues or challenges /Exception reporting	
Risks	
Planned completion date of next steps	September 2022
How will we know we have been successful in implementing this recommendation?	
What measure will be used to ensure	

recommendation is met?	
What is the plan to embed the change relating to this recommendation?	
Date of assurance measured	
Evidence of assurance measured	
Comments	
<b>Recommendation 5.6</b> <b>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.</b>	
	<b>PROGRESS REPORT</b>
Date of progress report	30.06.2022
Named lead (and author of report)	Service Leader 2
Named lead in partner agencies with whom we will collaborate	Scottish Care
Plan to implement this recommendation	
Actions taken (Please provide a full record of all progress)	<p><u>Reported prior to 20.4.22 updated at 11/08/2022</u></p> <p>Action 1 - Integrated team meetings include this approach, as do local Multi-disciplinary Team meetings. Initial Referral Discussion, Core Group and conference meetings, resource allocation meetings, care at home forum and care home forum will require a monitoring process to ensure all stakeholders within specific meeting are evidenced as feeding into the meeting/ discussion. Multi-disciplinary approach can be evidenced in minutes from meetings to reflect all individuals who are supporting individuals can be involved in team discussions and have their input valued.</p> <p>Action 2- Weekly/ monthly team meetings - I-matter action plans in place this is evidenced in team meeting, clinical team meetings minutes and I-matter action plan for each team</p> <p>Action 3 - Home care workers should be closely linked with the District Nursing</p>

	<p>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. This is evidenced in Enhanced Care Service Multi-Disciplinary Team minutes and individual case records. There is an Enablement Response Team meeting x 2 per week in the south locality with Enablement Response Team, Care Management, Occupational Therapy, Physio staff invited, the invitation has also been extended to District Nurse service.</p> <p>Action 4 Relevant ReFLECT self-evaluation to be carried out within all services in Angus HSCP.</p> <p>Action 5 - Enablement Response Team and day care providers (Carnoustie/Monifieth pilot) attend locality Multi-disciplinary Team / Enhanced Community Service meeting to share and provide information. This is evidenced in the minutes of the meeting</p> <p>Action 6 – Checklist devised with list of stakeholders who should be considered for invite to meetings/discussion and shared with case managers – completed</p> <p>DATE: 30.06.2022 updated 11/08/2022 5/9/22 - complete</p>
Next steps	<p>Action 1 – completed</p> <p>Action 2 – completed</p> <p>Action 3 – completed</p> <p>Action 4 – completed</p> <p>Action 5 – completed</p> <p>Action 6 – completed</p>
Issues or challenges /Exception reporting	
Risks	
Planned completion date of next steps	September 2022
How will we know we have been successful in implementing this recommendation?	Seek views from all partner agencies

What measure will be used to ensure recommendation is met?	Thematic audit
What is the plan to embed the change relating to this recommendation?	
Date of assurance measured	
Evidence of assurance measured	
Comments	

<b>Recommendation 5.10</b> <b>The AHSCP should review their assessment and care management procedures to include guidance for staff where 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.</b>	
	<b>PROGRESS REPORT</b>
Date of progress report	05/09/2022 - COMPLETE
Named lead (and author of report)	Service Leader 3
Named lead in partner agencies with whom we will collaborate	Lead Clinician
Plan to implement this recommendation	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 (Service Leader 3) 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 (Adults with Incapacity, Adult Support and Protection, Mental Health legislation) being developed within Angus. Needs embedded within workforce development/ Training partnership discussions (Service Leader 3).

<p>Actions taken (Please provide a full record of all progress)</p>	<p>AIDARS included in stakeholder event between primary care and mental health services to ensure integrated approach for the future (Lead Clinician)</p> <p>There are clear referral 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. (Service Leader 3)</p> <p>Comorbidity pathway now in place between CMHT and AIDARS Teams. Referral discussions take place between Team Managers on a twice weekly basis. AIDARS/ CMHT now engaged with NHS Tayside area wide comorbidity review - supported through Health Improvement Scotland</p> <p>DATE: 16/08/2022 - COMPLETE</p>
<p>Next steps</p>	<p>ADP: Training plan to be developed in partnership between ADP, AHSCP and APC to provide area wide information around working with people who present with alcohol misuse difficulties as part of their presenting needs. Alcohol Related Brain Damage (ARBD) training toolkit shared with Protecting People Training group to develop a training plan for different professional and thematic groups.</p> <p>Recommendations/ Actions being reviewed with Mental Welfare Commission around '<i>Care and treatment for people with alcohol related brain damage in Scotland</i>' in partnership with Mental Health Officer service. Updated actions to be sent week commencing 9<sup>th</sup> May – Completed. Feedback received from Mental Welfare Commission and agreed action plan to be taken to HSCP.</p> <p>29/06/2022 - Tayside wide ARBD workstream commenced to develop clear ARBD/ Capacity pathways within three HSCP areas – being led by NHS Tayside</p> <ul style="list-style-type: none"> <li>• AIDARS consultant recruitment, which will include focus on Section 22 medic provision completed. Will commence in post 1<sup>st</sup> Oct 2022</li> </ul>
<p>Issues or challenges /Exception reporting</p>	

Risks	Funding challenge to provide appropriate space and backfilling of various staffing groups to access this resource
Planned completion date of next steps	December 2022
How will we know we have been successful in implementing this recommendation?	Awareness of staffing resources reviewed. Level of knowledge in relation to Comorbidity and ARBD is raised within the partnership. Clear understanding of aligned care pathways for people presenting with coexisting conditions
What measure will be used to ensure recommendation is met?	Supervision/ case file audit
What is the plan to embed the change relating to this recommendation?	
Date of assurance measured	
Evidence of assurance measured	
Comments	

### Recommendation 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 suitably qualified and trained staff.**

	<b>PROGRESS REPORT</b>
Date of progress report	24/04/22
Named lead (and author of report)	Head of Service 1, Service Leader 1,
Named lead in partner agencies with whom we will collaborate	Head of Service 1
Plan to implement this recommendation	To establish improved local dedicated respite service for people under 65 in Angus who have complex lifestyles
Actions taken (Please provide a full record of all progress)	Respite facilities do already exist for under 65's but there is insufficient variety and breadth to respond to all need. (Head of Service 1)  Work in progress via Physical Disabilities Improvement Plan. Report approved at IJB on 23 February 2022. The Physical Disability improvement plan considers the

	<p>review of existing respite provision for under 65's. Planned completion date for this review is November 2022.</p> <p>Neurological Enhanced Community Service now being trialled (joint meetings between District Nursing and specialist Neurological 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.</p> <p>DATE of update 10/05/22 and 29/06/22</p>
Next steps	<p>Further report to IJB in October or December 2022. This is a complex matter which will have significant cost and procurement implications.</p> <p>Update 29/06/22 (Head of Service 1)-progressing towards completion date.</p>
Issues or challenges /Exception reporting	Funding challenge. Quality of commissioned service provision currently available needs to improve.
Risks	Lack of good quality providers. Inability to secure funding. Identifying suitable premises. Other priorities overtaking this one e.g., "Coming Home" implementation prioritises Physical Disabilities / Learning Disabilities cases.
Planned completion date of next steps	October 2022
How will we know we have been successful in implementing this recommendation?	Service is available and achieving good inspection grades
What measure will be used to ensure recommendation is met?	As above
What is the plan to embed the change relating to this recommendation?	New service will be available and being used.
Date of assurance measured	
Evidence of assurance measured	
Comments	

#### **Recommendation 5.14**

**The AHSCP should provide training to staff in respite services and/or bespoke input when they are required to support younger people**

with complex needs within an older people's respite environment.	
	<b>PROGRESS REPORT</b>
Date of progress report	4.7.2022
Named lead (and author of report)	Service Leader 5 (from June 2022)
Named lead in partner agencies with whom we will collaborate	AIDARS, CMHT, LD and PD
Plan to implement this recommendation	<p>Action 1 Training needs added to pre-admission assessment for care homes and supported accommodation, to ensure this is highlighted and managers action this</p> <p>Action 2 Services to source identify and source training to meet training gaps at pre-admission assessment and prior to admission if possible. Care Home Managers to liaise with Service Lead to identify training needs and source training.</p> <p>Action 3 Staff to receive training to develop knowledge to support younger people with complex needs</p>
<p>Actions taken</p> <p>(Please provide a full record of all progress)</p>	<p>Action1 – Pre-admission assessment amended to question any additional training needs which may be required to meet the personal needs prior to admission. – completed</p> <p>Action 2 – Referring services can provide support, advice and training as required pre-admission. – ongoing</p> <p>Action 3 – Training plan to be developed to offer staff opportunities to gain understanding of how to support younger people with complex needs – Dec 2022</p> <p>Date 30.8.2022</p>
Next steps	Ongoing training plan to be developed to ensure that all existing and new staff further develop knowledge and practice in relation to working with younger people with complex issues.



Issues or challenges /Exception reporting	
Risks	Emergency admissions to care homes and staff not able to receive training or staff on shift are unskilled in working with younger people with complex issues.  Due to high turnover of staff and alternative training needs it may be difficult to ensure that all staff have the necessary skills and knowledge required.
Planned completion date of next steps	December 2022
How will we know we have been successful in implementing this recommendation?	Staff team will be competent and confident in working with younger people with complex needs.
What measure will be used to ensure recommendation is met?	Evaluation by manager of referrals, admission and discharge reports
What is the plan to embed the change relating to this recommendation?	To devise a rolling training programme
Date of assurance measured	
Evidence of assurance measured	
Comments	

<b>Recommendation 6.1</b>	
<b>The AHSCP should review local ASP Operational Instructions to reflect the agreement described in this section in relation to Police Scotland.</b>	
	<b>PROGRESS REPORT</b>
Date of progress report	25/04/22 COMPLETE
Named lead (and author of report)	Head of Service 1
Named lead in partner agencies with whom we will collaborate	
Plan to implement this recommendation	DATE: 18/03/22  Operational Instruction will be amended to note that inviting Police to the Adult Protection case conference will be at the discretion of the Team Manager and Conference Chairperson. Family views will also be taken into

	account, notwithstanding that these views may need to be over-ridden when there is suspicion of a criminal act being committed by a family member or guardian
Actions taken (Please provide a full record of all progress)	Operational Instruction amended to take account of this change, OI uploaded onto Intranet, staff advised.
Next steps	None- completed
Issues or challenges /Exception reporting	N/A
Risks	N/A
Planned completion date of next steps	N/A
How will we know we have been successful in implementing this recommendation?	Report from case conference chair to determine whether practise has changed, six months from implementation i.e., late September 2022
What measure will be used to ensure recommendation is met?	See above
What is the plan to embed the change relating to this recommendation?	It is now in the Operational Instruction
Date of assurance measured	
Evidence of assurance measured	
Comments	

**Recommendation 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.

	<b>PROGRESS REPORT</b>
Date of progress report	<b>NB COMPLETED PRIOR TO PUBLICATION OF SCR</b>
Named lead (and author of report)	Head of Service 1
Named lead in partner agencies with whom we will collaborate	
Plan to implement this recommendation	
Actions taken (Please provide a full record of all progress)	Local operating procedures amended to include requirement to consider emergency measures at Adult Protection case conference and core group meeting
Next steps	None - Complete
Issues or challenges /Exception reporting	
Risks	
Planned completion date of next steps	
How will we know we have been successful in implementing this recommendation?	It is a requirement to record consideration of emergency measures in the minute
What measure will be used to ensure recommendation is met?	Audit function- Adult Protection case conference and core group meeting
What is the plan to embed the change relating to this recommendation?	
Date of assurance measured	
Evidence of assurance measured	
Comments	

## **Section 2 – Multi-agency and joint actions**

**Recommendation 1.1(Joint Action)**

**Angus Council and NHS Tayside should agree and implement methods that will enable interoperability and access of recording systems, with a focus on improving information sharing between acute, primary care and the Scottish Ambulance services and effective information sharing at points of transition of care between primary care services, adult care services, housing and care providers.**

	<b>PROGRESS REPORT</b>
Date of progress report	NHST Lead Adult Protection is reporting on this
Named lead (and author of report)	
Named lead in partner agencies with whom we will collaborate	
Plan to implement this recommendation	
Actions taken (Please provide a full record of all progress)	
Next steps	
Issues or challenges /Exception reporting	
Risks	
Planned completion date of next steps	
How will we know we have been successful in implementing this recommendation?	
What measure will be used to ensure recommendation is met?	
What is the plan to embed the change relating to this recommendation?	
Date of assurance measured	
Evidence of assurance measured	
Comments	

**Recommendation 1.2 (All agencies)**

**Although good record keeping was found across several service areas, not all records were completed to the required agency/organisation/professional standards. To provide assurance of this, all agencies should have robust governance processes in place to ensure record keeping is of the required standard and supports effective communication and decision making.**

	<b>PROGRESS REPORT</b>
Date of progress report	NHST Lead Adult Protection is reporting on this
Named lead (and author of report)	
Named lead in partner agencies with whom we will collaborate	
Plan to implement this recommendation	HSCP: Relevant assurance is provided annually by services within the Information Governance domains including compliance with case record audit policy and compliance with case recording policies and standards. An end of year audit of assurance reports will be carried out to identify gaps within services and learning.
Actions taken (Please provide a full record of all progress)	HSCP: Regular audits are completed in each service and reported through CCPG. Out of Hours has access to all case records for Adult Support and Protection cases
Next steps	
Issues or challenges /Exception reporting	
Risks	
Planned completion date of next steps	
How will we know we have been successful in implementing this recommendation?	
What measure will be used to ensure recommendation is met?	
What is the plan to embed the change relating to this recommendation?	
Date of assurance measured	
Evidence of assurance measured	
Comments	

**Recommendation 2.1 (Health Action)**

**Primary Care service consider the use of Palliative prognostic score with might prompt clinicians to realise that someone is dying, even in the absence of a diagnosis.**

	<b>PROGRESS REPORT</b>
Date of progress report	COMPLETE
Named lead (and author of report)	Lead Nurse
Named lead in partner agencies with whom we will collaborate	29.06.22 (Lead Nurse) – (Consultant Nurse for palliative care) who can be involved as required
Plan to implement this recommendation	This will be discussed with Angus HSCP with views sought from the wider Multi-disciplinary Team meeting including GPs
Actions taken (Please provide a full record of all progress)	<p>Discussion at Clinical Partnership Group with any outcomes tracked through the Clinical Partnership Group</p> <p>This was discussed at Angus Clinical Partnership Group on 16th February 2022. The group are aware of no evidence to support the universal application of Palliative Prognostic Score. The group discussed and encouraged the uptake of the palliative care Local Enhanced Service (LES) within Tayside to support patients with palliative care needs, which may include the use of Palliative Prognostic Score. (LES is an agreement at a local level that practices can sign up to and is not included in their core contract so is paid for.) It is also noted that the Palliative Prognostic Score may be used to support palliative care needs assessment with the district nursing caseload. The group did not support any further actions to promote the use of Palliative Prognostic Score within primary care in Angus. Complete.</p>
Next steps	
Issues or challenges /Exception reporting	
Risks	
Planned completion date of next steps	16 March 2022

How will we know we have been successful in implementing this recommendation?	
What measure will be used to ensure recommendation is met?	
What is the plan to embed the change relating to this recommendation?	
Date of assurance measured	
Evidence of assurance measured	
Comments	

<b>Recommendation 3.4 (Joint Action)</b>	
<b>For those subject to ASP measures and in hospital for two weeks or more, consideration should be given to developing a joint process with the locality HSCPs and NHS Tayside that allows, at the point of discharge, a joint ASP core group and pre-discharge planning meeting to take place.</b>	
	<b>PROGRESS REPORT</b>
Date of progress report	29.06.22
Named lead (and author of report)	This action reports in via the Health action plan
Named lead in partner agencies with whom we will collaborate	NHST Lead Adult Protection, Lead Nurse
Plan to implement this recommendation	Planned discharge document to link to the NHS Adult Support and Protection policy that sets out a standard in relation to this.
Actions taken (Please provide a full record of all progress)	<u>6.5.22</u> Planned Discharge Form information to show whether or not the person is the subject of an Adult Protection Plan.  29.06.22 (Lead Nurse) Meeting between the Lead Nurse of Angus HSCP and Manager of Integrated

	<p>Discharge Hub to discuss the recommendation. The manager has agreed to discuss the recommendation with the Tayside wide discharge meeting. This will ensure widespread learning and amendments to current discharge process for pre-planning discharge for those with adult support and protection concerns.</p> <p>16.09.22 (Lead Nurse)  Manager of Integrated Discharge Hub has confirmed that -  Discharge Co-ordinators now have named wards to enable them to attend the ward Multi-Disciplinary Team meetings. This facilitates a pull through for referrals and reduces the risk of patients being missed being referred to the Discharge Team when they might benefit from that specialist input.  Planned Date of Discharge promoters in each ward, supported by a peer network that will support with their education, and will allow increased pick up on ASP as required.  The report has been shared at the Tayside and Fife Discharge Operational Group, with agreement that the group have a fuller discussion to identify any actions that can take place to ensure that there is consistency across all Tayside sites.  Whilst the HDT is a HSCP service, we are also represented at the acute Adult Protection Improvement Group that has been convened.  There has been an agreement to add discharge co-ordinator to any datix raised as a result of a poor discharge to facilitate wider learning.</p> <p>Bid to employ and additional co-ordinator for a one year to promote capacity and flow and reduce delays.</p> <p>Educational resources are being reviewed to promote successful discharge.</p>
Next steps	Agreed that Lead Nurse and Integrated Manager will meet again in three months to discuss progress and next steps.
Issues or challenges /Exception reporting	



Risks	
Planned completion date of next steps	
How will we know we have been successful in implementing this recommendation?	Clear pre-planning for discharge for those patients subject to ASP measures
What measure will be used to ensure recommendation is met?	
What is the plan to embed the change relating to this recommendation?	
Date of assurance measured	
Evidence of assurance measured	
Comments	

### Recommendation 3.5 (All agencies)

**All statutory partners should explore how advocacy services can become more involved in the ASP/AWIA process to ensure adults are supported throughout these processes. This should include reviewing current practice and identifying barriers to the involvement of advocacy.**

	<b>PROGRESS REPORT</b>
Date of progress report	
Named lead (and author of report)	Head of Service 1
Named lead in partner agencies with whom we will collaborate	Adult Protection and Review Officer
Plan to implement this recommendation	
Actions taken (Please provide a full record of all progress)	<p>Conversations take place with advocacy services in localities and priority is given to referrals relating to statutory processes.</p> <p>The benefit of advocacy is captured within Adult Support and Protection training</p> <p>Additional funding has been provided to Angus Independent Advocacy to fund a duty worker to be more responsive to demand and need.</p>

	<p>The Alcohol and Drugs Partnership funds peer support worker with Angus Independent Advocacy</p> <p>Development of the Angus Advocacy Strategy.</p> <p>HSCP: The offer of advocacy is made to all service users who are attending an Adult Protection Case Conference and it is for them to accept, or not. Some service users may prefer to have support from their care manager. Other organisations, such as Support in Mind, PAMIS and Parent-to-Parent also provide this and may be preferred by service users or their guardians, especially if there is an existing relationship.</p> <p>Opportunities to raise staff awareness of advocacy are reviewed- recent example with the input to Carseview.</p>
Next steps	
Issues or challenges /Exception reporting	
Risks	
Planned completion date of next steps	
How will we know we have been successful in implementing this recommendation?	
What measure will be used to ensure recommendation is met?	
What is the plan to embed the change relating to this recommendation?	
Date of assurance measured	
Evidence of assurance measured	
Comments	

**Recommendation 3.7 (All agencies)**

**All statutory partners should ensure that the Tayside ASP Minimum Learning Standards that have been identified for ASP training are shared and that training is available within each partner organisation to meet these requirements and that training data is shared routinely with the Adult Protection Committee.**

	<b>PROGRESS REPORT</b>
Date of progress report	Adult Protection Committee reporting on this
Named lead (and author of report)	
Named lead in partner agencies with whom we will collaborate	Manager, Organisation Development (AC)
Plan to implement this recommendation	
Actions taken (Please provide a full record of all progress)	<p>This will be monitored through Workforce and Learning Subgroup (ASP) Operation Teams will highlight hotspots for training</p> <p>NHS Tayside: NHS Tayside supports the Minimum Learning Standards and provides a range of training as a single agency and within multiagency training.</p> <p>NHST Quality Assurance framework and is now being shared with locality Adult Protection Committee/subgroups</p>
Next steps	<p>Service Exception Reports monitored through CCPG</p> <p>NHS Tayside is currently developing an Adult Protection Training Strategy that links with the Tayside Minimum Learning Standards framework.</p>
Issues or challenges /Exception reporting	
Risks	
Planned completion date of next steps	
How will we know we have been successful in implementing this recommendation?	
What measure will be used to ensure	

recommendation is met?	
What is the plan to embed the change relating to this recommendation?	
Date of assurance measured	
Evidence of assurance measured	
Comments	

<b>Recommendation 4.2 (Joint action)</b>	
<b>NHS Tayside, the AHSCP and Angus Council should develop a protocol for sharing the outcome of a capacity assessment with the care team, particularly if an adult is deemed to retain capacity. This should include guidance in relation to where there are challenges in determining if someone has capacity. If they are under Adult Support and Protection measures, there should be a specific plan identified in terms of identifying how the capacity assessment will be progressed, with clear actions and timescales identified.</b>	
	<b>PROGRESS REPORT</b>
Date of progress report	5/9/2022
Named lead (and author of report)	
Named lead in partner agencies with whom we will collaborate	NHST Lead Adult Protection, Team Leader 1
Plan to implement this recommendation	Implementation of NHST capacity pathway and tool. Work with medical staff to ensure the process is in place for progressing with capacity assessment once tool completed. Develop Service Level Agreement with general practice to undertake capacity assessments when required. These actions are extracted from the Authority to Discharge action plan. Adults with Incapacity operational instructions to include above and guidance on action to be taken where there are challenges in terms of determining if someone has capacity. Mental Health Officer Team Manager to link with appropriate Care Management Team Manager regarding Adult Support and Protection / Adults with Incapacity where both cross over.
Actions taken (Please provide a full record of all progress)	5/9/22 - Capacity Screening Tool developed

Next steps	The Policy and Practice Subgroup of the Angus Adult Protection Committee (chaired by NHS) has identified the need to develop a Good Practice guidance document (as part of the suite of such guides already developed) around Alcohol and Safeguarding. Capacity Assessment Pathway will be useful for the Adult Support and Protection core group to complete which will provide the necessary information to support a capacity assessment request
Issues or challenges /Exception reporting	5/9/22 - Lack of Section 22 Doctors and lack of GP's to undertake capacity assessments
Risks	Practice issues around obtaining capacity assessment due to lack of medical staff
Planned completion date of next steps	
How will we know we have been successful in implementing this recommendation?	
What measure will be used to ensure recommendation is met?	
What is the plan to embed the change relating to this recommendation?	
Date of assurance measured	
Evidence of assurance measured	
Comments	

<b>Recommendation 4.4 (All agencies)</b>	
<b>The AHSCP, Angus Council and NHS Tayside should ensure that ASP/AWIA training, including regular refresher training, is made mandatory for all relevant professionals. Clear governance should be put in place to ensure mandatory and refresher training is undertaken by all staff.</b>	
	<b>PROGRESS REPORT</b>
Date of progress report	
Named lead (and author of report)	
Named lead in partner agencies with whom we will collaborate	Team Leader 1 NHST Lead Adult Protection is leading on this for health, reporting straight to

	the- Committee
Plan to implement this recommendation	
Actions taken (Please provide a full record of all progress)	<p>Mental Health Officer team: Training needs analysis tool to be developed by end of Feb 2022. A three-tiered training program on Adults with Incapacity has been developed by Mental Health Officer Service which will be delivered on TURAS and Always Learning. This will be amended based on outcome of training needs analysis.</p> <p>NHS Tayside: Service specific training is identified by each service, but a number of services would benefit from having regular updates in legislation and this will be possible via the Crossing the Acts training.</p> <p>15.9.22 Workforce Development Officer (Protecting People) has been asked to develop initial learning, due to workforce pressures elsewhere. Rise resources being considered.</p>
Next steps	<p>Full training needs analysis to be undertaken on Adults with Incapacity by end of April 2022. This will be for all professional groups in in AHSCP including GP's. - 5/9/22 - Completed for AHSCP staff</p> <p>NHS Tayside: Explore opportunity as to whether this could be developed in an e-learning module via the Tayside Leads group. 5/9/22 - Adults with Incapacity Act (AWIA)- level 1 training, will be available on Always Learning for AHSCP staff - completed and TURAS for NHS staff Level 2 for Council Officers/Council Staff only – in progress Crossing the Acts training in progress</p>
Issues or challenges /Exception reporting	There are a number of new staff who have a gap in Adults with Incapacity Act (AWIA) knowledge, training needs to be mandatory for all staff and new staff ongoing
Risks	NHS to develop reporting for TURAS to ensure there is a staff record
Planned completion date of next steps	Level 1 ready to commence

	Level 2 – mid October 2022 Crossing The Acts – end October/November 2022
How will we know we have been successful in implementing this recommendation?	Staff attendance recorded in Always Learning Turas attendance recording will need to be developed
What measure will be used to ensure recommendation is met?	As above
What is the plan to embed the change relating to this recommendation?	Mandatory training for all staff
Date of assurance measured	
Evidence of assurance measured	
Comments	

#### **Recommendation 4.6 (All agencies)**

**NHS Tayside, Angus Council and the AHSCP should provide guidance and training for staff around the relationship between alcohol, care, capacity and ARBD. All appropriate staff should be trained in the identification, assessment and management of ARBD. This should include responsibility to assess the impact of persistent alcohol abuse on an individual's capacity to respond to proposed care and treatment plans, the potential role of protective legislation in implementing care plans to protect individuals and clarity on how long an individual requires to be abstinent from alcohol before a capacity assessment can be undertaken. The resulting agreed process should be shared across Tayside. The Angus Alcohol and Drugs Partnership intend to explore commissioning some bespoke training for staff on this issue.**

	<b>PROGRESS REPORT</b>
Date of progress report	05/09/2022
Named lead (and author of report)	
Named lead in partner agencies with whom we will collaborate	Service Leader 3, NHST Lead Adult Protection
Plan to implement this recommendation	Assessment of training needs is required across service areas to determine level of need in relation to assessing alcohol misuse and its impact on peoples' presentation. This will require a full review/ discussion within a Multi-disciplinary Team framework to identify appropriate training needs.
Actions taken	The Policy and Practice Subgroup of the Angus APC (chaired by NHS) has

(Please provide a full record of all progress)	identified the need to develop a Good Practice guidance document (as part of the suite of such guides already developed) around Alcohol and Safeguarding. Alcohol Related Brain Disorder (ARBD) Training and recognition tools shared with Workforce Learning and development Group for consideration of roll out and adaptation to specific stakeholders
Next steps	<p>AHSCP: Stakeholder engagement planned between mental health services and clinical partnership group which should inform future closer working between primary care and mental health services. (Lead Clinician)</p> <p>This will require separate workstreams across agencies highlighted within this recommendation. Angus Alcohol and Drug Partnership should lead on this and identify a clear workstream to take this forward, focusing on levels of awareness/ training required to ensure a clear knowledge base supports effective and targeted practice. This will require elevation/ discussion with Tayside Alcohol and Drug Partnership and how this can be a targeted approach across the 3 HSCP to ensure a consistent approach. A managed and inclusive workforce development plan will be required to take this forward.</p> <p>Pathways for people experiencing alcohol related brain damage, and indeed other acquired brain injuries should be clear within NHST Tayside and taken forward through the Living Life Well strategy. Referral pathways approved by the GP sub are shared within refGuide system so primary care clinicians can readily access. This is a new development which is being rolled out. (Lead Clinician)</p>
Issues or challenges /Exception reporting	Time to coordinate and develop agreed training plans over the 3 HSCP areas Resources and staff time to engage within this wide-reaching area.
Risks	
Planned completion date of next steps	December 2022
How will we know we have been successful in implementing this recommendation?	Implementation and action training set in place across partnership areas



What measure will be used to ensure recommendation is met?	
What is the plan to embed the change relating to this recommendation?	
Date of assurance measured	
Evidence of assurance measured	
Comments	

**Recommendation 5.8 (Joint action)**  
**NHS Tayside and Angus HSCP should consider the need for alcohol enhanced outreach services for individuals who are heavily reliant on acute services and build on any existing work that is already being undertaken in this area.**

	<b>PROGRESS REPORT</b>
Date of progress report	05/09/2022
Named lead (and author of report)	Service Leader 3
Named lead in partner agencies with whom we will collaborate	Head of Service 2
Plan to implement this recommendation	Recovery Outreach Service to be expanded as part of the MAT standards. Alcohol Related Brain Damage (ARBD) specialist practitioners need to be in place to address long term and complex alcohol presentation. Action plan agreed with Mental Welfare Commission and to be tabled within HSCP to agree area wide actions, including Mental Health Officer governance
Actions taken (Please provide a full record of all progress)	AHSCP: AIDARS is readily accessible by service users, accepting telephone referrals. The service provides an assertive outreach service to people in their own homes, which is part of an assessed need and holistic approach  Assertive outreach service in in place through direct social work substance services.  Reconfiguration of service has begun, with all statutory work sitting within social work team in AIDARS. High level of Adult Support and Protection with 20 live

	<p>cases sitting within the team (August 2022)</p> <p>Recruitment of Consultant who is section 22 trained has taken place and will start post in Oct 1<sup>st</sup>, 2022, Update – 05/09/2022</p>
Next steps	<p>AIDARS is being reconfigured to refocus on social work and community facing service, dealing with complex and multiple presentations</p> <p>ARBD Action plan agreed with Mental Welfare Commission May 2022, to be reviewed and agreed action plan to be taken to HSCP for agreed time frame and lead. Focus is to clarify level of need in relation to ARBD and determine whether present resources are fit for purpose across all adult services groups.</p> <p>AIDARS is being reconfigured to include a health led and social work led team. Social work team will focus on assertive outreach as part of their remit and funding has been secured to address the high level of ASP presentations. A reconfigure of the support worker role is also taking place to develop a care coordinator role to include increased monitoring of care package provision with third sector partners and support carers/ families</p>
Issues or challenges /Exception reporting	
Risks	Inability to fill posts and constrictions in relation to developing bespoke posts to meet the complex group.
Planned completion date of next steps	Nov 2022
How will we know we have been successful in implementing this recommendation?	Services in place
What measure will be used to ensure recommendation is met?	Supervision/ audit processes
What is the plan to embed the change relating to this recommendation?	
Date of assurance measured	
Evidence of assurance measured	

Comments	
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**Recommendation 5.9 (Joint action)**  
**NHS Tayside and the HSCP should develop guidance to assist practitioners in providing safe and appropriate care for individuals who are difficult to engage or who do not attend an appointment. Such guidance should recognise there may be valid barriers to engagement which an individual may need help to overcome and take account of the severity of concerns and levels of risk and includes support for multi-agency systems to co-ordinate positive and assertive engagement.**

	<b>PROGRESS REPORT</b>
Date of progress report	16/08/2022 COMPLETE
Named lead (and author of report)	Service Leader 4, Service Leader 3,
Named lead in partner agencies with whom we will collaborate	Service Leader 2, Service Leader 5, Service Leader 1
Plan to implement this recommendation	
Actions taken (Please provide a full record of all progress)	<p>AHSCP: Enhanced community support Multi-disciplinary Team meetings available and established in all Angus GP practices. (Lead Clinician)</p> <p>Neurological Enhanced Community Service now being trialled (joint meetings between District Nurse and specialist neurological nurse), early indications are positive with plans to roll out. (Lead Clinician)</p> <p>AIDARS included in stakeholder event between primary care and mental health services to ensure integrated approach for the future.</p> <p>In the draft home care handbook and community alarm response procedures there are sections to guide staff for situations where there is non-engagement (Lead Clinician)</p> <p>New guidance for supporting people who are hard to engage or do not attend has been developed and is in use across AHSCP</p>
Next steps	complete
Issues or challenges /Exception reporting	Demand and competing priorities with LLC recommendations

Risks	Demand versus capacity Hugely increased ASP referrals and case conferences in mental health and need to prioritise workload
Planned completion date of next steps	5 Sept 2022
How will we know we have been successful in implementing this recommendation?	Less repeat referrals and better engagement with hard-to-reach groups and people who frequently do not attend appointments - audit
What measure will be used to ensure recommendation is met?	Care plan audits
What is the plan to embed the change relating to this recommendation?	Vision, values and leadership sessions to embed person centred culture in adult mental health teams.
Date of assurance measured	
Evidence of assurance measured	
Comments	