

**ADULT SUPPORT AND PROTECTION – BUSINESS PLAN (2020 – 2022)**

This business plan sets out the high level priorities for addressing adult support and protection in South Lanarkshire. In order that people who may be at risk of harm are appropriately safeguarded it is essential that the communities of South Lanarkshire, together with statutory and voluntary agencies co-operate to identify people who may be in need of support and protection and share information about risk. This plan is therefore relevant to all employees in partner agencies and to everyone living in South Lanarkshire. It aims to build capacity and resilience in our communities to reinforce the key message that harm is unacceptable and will not be tolerated.

The Adult Support and Protection Team is located in Regent House, 9 High Patrick Street, Hamilton ML3 7ES. It aims to support an integrated approach to public protection across all ages and stages of life. The aim of such an approach is to provide innovative opportunities for a cohesive response and to support operational staff in partner agencies to improve outcomes for our most vulnerable service users. South Lanarkshire Health and Social Care Partnership and its partner agencies are committed to continuous improvement. The outcomes and actions set out within this improvement plan have been informed by:

* Care Inspectorate Quality Indicators and Illustrations
* Recommendations from Multi- Agency Self-Evaluation
* Informed by service user experiences
* Case File Audits
* National Outcomes; and
* Significant Case Reviews.

South Lanarkshire Adult Protection committee operate a standalone, Continuous Improvement (CI) task group which has responsibility for the development and implementation of a framework for self-evaluation, audit and scrutiny. In 2019 South Lanarkshire Adult and Child Protection Committees decided to have two joint task groups, Learning and Development (LD) task group responsible for the development and implementation of the South Lanarkshire Adult Support and Protection Learning and Development strategy and the Public Information and Community Engagement (PIE) task group responsible for the development of relevant, clear, accurate and timely information and awareness raising materials whilst embedding understanding of the role and function of adult support and protection issues, ensuring that target audiences are involved in the implementation process and that communication is a two way process. The decision of SLAPC/CPC to have joint LD and PIE task groups was made to enhance and share the learning across the public protection agendas and to reduce the number of meetings partners attend to make the best use of their time.

This business plan is aimed at frontline service provision with a clear focus on providing improved outcomes for adults at risk of harm and their families across South Lanarkshire. The South Lanarkshire Adult Protection Committee (APC) will review this plan in December 2022 and ensure that its actions are implemented. In turn, the plan will inform the priorities for joint self-evaluation and learning and development.

| **Outcome**  **Quality/**  **Indicator** | **(No.)** | **Action** | **Evidence of Success** | **Timescale** | **Comments** | **Lead** |
| --- | --- | --- | --- | --- | --- | --- |
| **1. Key performance outcomes** | | | | | | |
| * Improvements in partnership * Improvements in the health, well-being and outcomes for people and, carers | 1.1 | Review and update statistical trend analysis indicators | Review  completed | December  2020 | ASP Care Homes report  ASP Scorecard  Supporting the development of national data set. | CI |
| 1.2 | Provide statistical trend analysis  reports including national comparison data | Reports completed | Quarterly | SOLACE Reports  Quarterly statistical ASP Reports prepared and presented to SLAPC and COG (PP).  6 weekly SWR Key Process Report  Weekly Care Home Reports  Quarterly ASP Scorecard presented to COG (PP) and SLAPC  National reports used to benchmark  IMPROVe SW data used daily by SWR to identify gaps, trends and manage workflow | CI/APC |
| 1.3 | Provide benchmarking reports on statistical trend analysis indicators | Reports completed | Bi-annually | ASP Scorecard developed  Benchmarking reports completed | CI/APC |
| 1.4 | Monitor IMPROVE targets in relation to ASP Inquiries, Investigations, Case Conferences and Protection Planning to better monitor service delivery. | Targets monitored | January 2021 | 6 weekly SWR ASP Key Processes report developed, monitored, and reviewed.  ASP Scorecard developed, monitored, and reviewed.  IMPROVe utilised by SW managers to monitor key processes locally | CI |
| **2. Getting help at the right time** | | | | | | |
| * Improved experience of individuals and carers * Better prevention, early identification and intervention at the right time * Improved access to information about support options | 2.1 | Undertake locality needs assessment to identify gaps in services | Locality needs analysis report completed | November 2020 | This is competed routinely by SW IMPROVe team and shared locally. | CI |
| 2.2 | Ensure service users/carers are invited to case conferences | Case conference minutes / Audits completed | April 2021 | Monitored via single and multi-agency SE Exercises and local governance.  Included in staff training | CI |
| 2.3 | Review service user leaflets with service user and carer groups | Service user survey | March 2021 | SU ASP Information Leaflets reviewed and available on our websites | PIE |
| 2.4 | ASP outcomes included in surveys (e.g. the Health and Social Care Experience Survey) | Survey results | October 2020 | TAP undertook a service user survey on behalf of SLAPC and an improvement plan addressed findings.  SLAPC Staff and community surveys have been undertaken and improvement plans implemented to address findings. Results shared with staff.  Audits evaluate outcomes for adults at risk of harm.  SLAPC developed an outcomes tool to gather feedback from adults involved in ASP. | PIE |
| **3. Impact on staff** | | | | | | |
| * Better staff motivation and support | 3.1 | Engage with staff in the development and implementation of adult protection policies and procedures/ self-evaluation activity | Focus Groups | On-going /annually | Staff surveys completed. Findings shared and actions implemented.  Focus groups held to review social work procedures.  Focus groups to discuss continuous improvement across the Partnership  Multi-agency partners support SLAPC Multi-agency audits and improvement plans.  Learning from reviews  Feedback received via training  Lead Officer and development worker attend various local groups and engage with staff and management teams. | LD |
| 3.2 | Provide opportunities for staff to communicate directly with the APC | Increased practitioner participation in the APC | 6 weekly | Staff are encouraged to attend SLAPC.  Lead Officer and Development worker supports communication in and between partner agencies.  SLAPC Newsletters and E-Bulletins encourage feedback from staff. | LD |
| **4. Impact on the community** | | | | | | |
| * Improved community supports and public confidence in local services | 4.1 | Review and update our communication strategy | Strategy completed | October 2020 | Communication Strategy reviewed and updated. | PIE |
| 4.2 | Update range of information for partners, community groups and voluntary organisations | New materials produced | April 2021 | All ASP material reviewed with partners, updated and cascaded. | PIE |
| 4.3 | Update APC publicity materials. | New materials produced | March 2021 | All ASP material reviewed and updated | PIE |
| 4.4 | Review website to improve available information. | Reviewed content /No. of site ‘hits’ | October 2020 | ASP Website content has been reviewed an updated  Await upgrade of website – CV-19 delayed progress. | PIE |
| 4.5 | Develop a community group questionnaire and undertake survey | No. questionnaires completed / survey results | September 2020 | Community surveys completed and improvement plans completed. | PIE |
| **5. Delivery of key processes** | | | | | | |
| * Better access to support * Improved needs assessment, planning and delivery of care and support * Shared approach to protecting individuals who are at risk of harm, assessing risk and managing and mitigating risks * Involvement of individuals and carers in their own support delivery | 5.1 | Review and update local policies and procedures in line with national guidance | Reviews completed | Annually | Updates complete- Reviewed and new guidance developed. | CI |
| 5.2 | Measure compliance with policies and procedures | Audits completed | Bi-annually | SLAPC SE Strategy in place and on track. | CI |
| 5.3 | Review and update each agencies policies, procedures, guidance and protocols | Reviews completed | June 2021 | Policies, Procedures and guidance are updated and new material developed. | CI |
| 5.4 | Review advocacy materials to promote uptake of service | Increased requests for advocacy services | March 2021 | Review of materials completed in partnership with advocacy services. | PIE |
| 5.5 | Undertake audit of needs and risk assessments | Audit completed | Bi-annually | Multi-agency and single agency case file audits undertaken. Improvement plans completed. | CI |
| 5.6  5.7 | Undertake audit of risk management and protection plans  Audit and obtain feedback from case files, organisations, individuals, adults and carers on their involvement including being invited and supported to attend meetings throughout the ASP process. | Audit completed | Bi-annually | Multi-agency and single agency case file audits undertaken. Improvement plans completed.  TAP completed a service user survey and improvement plan completed.  Our audits use the CI audit templates and include analysis of service user outcomes. | CI |
| 5.8 | Undertake audit of service user involvement in risk management and protection plans | Audit completed | Bi-annually | Our multi- agency audits focus on ASP Key Processes using the CI QI framework. | CI |
| 5.9 | Undertake self-evaluation of large scale investigation procedures and provide briefings on same for relevant staff | Evaluation completed/no. of briefings | February 2020 | LSI Guidance reviewed and included in our training. | CI |
|  | 5.10 | Undertake self-evaluation of multi-agency chronologies. | Audit completed | Bi-annually | Our multi- agency audits focus on ASP Key Processes and include chronologies. Training and guidance cascaded. | CI |
| **6. Policy development and plans to support improvement in service** | | | | | | |
| * Better operational and strategic planning * Improved quality assurance, self-evaluation and improvement that involves individuals who use services, carers and other stakeholders * Improved commissioning arrangements | 6.1 | Review and deliver self-evaluation strategy | Strategy completed | Annually | Our self-evaluation strategy is embedded. | CI |
| 6.2 | Undertake annual multi-agency case file audits | Audits completed | Annually | Multi- agency audits have been undertaken and Improvement plans completed. | CI |
| 6.3 | Review our quality assurance framework which focuses on service user and carer outcomes | QA self-evaluation framework completed | November 2020 | Outcomes Tool developed  Community surveys completed  Audit activity captures key processes in ASP | CI |
| 6.4 | Prepare improvement plans based on self-evaluation activity | Plans completed | Annually | All audits / self -evaluation activities include an improvement plan  Developed an audit toolkit and annual impact assessment  SMART Outcome reporting developed. 5 key themes identified. | CI |
| 6.5 | All commissioned services to have ASP procedures in place  Have a clear monitoring arrangement for commissioned services in both meeting the needs and the quality of services delivered. | SLC contracts team confirms procedures in place | August 2020 | Confirmed processes in place. | CI |
| **7. Management and support of staff** | | | | | | |
|  | 7.1 | Practitioner forums | Forums established | On-going /annually | SW and NHSL have established practitioner forums. Lead Officer/ Development work supports these forums when requested. | LD |
| 7.2 | Supervision policy implemented | Audits completed | Bi-annually | SW have reviewed and implemented their supervision policies. | LD |
| 7.3 | ASP Lead Officer attends team/management meetings to provide feedback | Team meeting minutes | 12 weekly | Lead Officer attends both local and national groups. Ongoing | LD |
| 7.4 | Deliver relevant policy, procedure support for staff | Staff surveys/ audits completed | Bi-annually | Staff surveys and audits completed. | LD |
| 7.5 | Deliver ASP locality briefings | Nos. of briefings | Bi-annually in each locality | Completed and ongoing on various themes. | LD |
| 7.6 | Deliver ASP ‘refresher’ training programmes | Nos. of programmes/ attendees | 12 weekly | Completed and ongoing. | LD |
| 7.7 | Improve access for staff to ASP access to policies and procedure via intranets | Policies and procedures available to all staff via intranet | January 2020 | ASP website subject to review. delayed due to CV-19  Procedures, guidance etc on SLC and NHS Intranets | LD |
| 7.8 | Disseminate outcomes from significant case reviews via workshops and practitioner forums | Staff surveys/ audits completed/Nos. of workshops and forums | On-going | Findings are shared with SSCRSG, APC and COG (PP).  Lead Officer shares learning from local and national reviews with staff groups.  Learning from national and local reviews included in ASP training courses. | LD |
| 7.9 | Review and update Training and Development Plan | Nos. of programmes/ attendees | April 2020 | Regularly reviewed and updated to reflect new and changing local and national themes | LD |
| 7.10 | Deliver multi-agency joint training programmes | Nos. of programmes/ attendees | Monthly | Extensive Public Protection L&D Plan in place | LD |
| 7.11 | Deliver ‘bespoke’ training programmes to meet specific agency needs | Nos. of programmes/ attendees | Bi-annually | Continue to deliver single agency training when requested.  Examples include: Care homes, GPs, CAReS, SFRS, Carers Network, Care at Home, Meded training. | LD |
| 7.12 | Deliver programme of staff development events  Seek feedback from staff and make changes if necessary.  Self-evaluate the impact of workforce development on staff skills and service delivery. | No. of events | Bi-annually | Events have continued to be delivered remotely including, 3 Acts, Hoarding and Self Neglect, Care Homes, Managing Resistance.  Training impact assessment undertaken.  Training evaluation process evaluated and updated. | LD |
| **8. Partnership working** | | | | | | |
| * Better management of resources and partnership arrangements | 8.1 | Supervision of ASP cases is visible and recorded on ‘Swisplus’ | Audits completed | Bi-annually | Audits completed. I54 SWIS screen enables management oversight to be recorded and reviewed. SW have invested in new IT system. | LD |
| 8.2 | ASP lead officer to attend locality planning meetings.  Test the working of the partnership throughout any audits undertaken. | Locality planning meeting minutes | Quarterly | Lead Officer attends locality meetings when required.  Reports provided to SW Governance Group, IJB, CPP  Self - evaluation of COG (PP) undertaken | CI |
| **9. Leadership and direction that promotes partnership** | | | | | | |
|  | 9.3 | Review induction process/pack for all APC members | Induction process/pack completed/delivered | November 2020 | SLAPC Induction pack reviewed and updated | LD |
| 9.4 | Establish Exploitation and Harmful Practices sub group  Provide leadership and direction throughout new emerging themes. | Group established | June 2021 | Currently scoping this out.  We use local and national data, to identify new and emerging trends.  Established a neglect and a financial harm task group. | APC |

**Review due December 2022**