

Meeting: Highland Health & Social Care Committee
Meeting date: 12 January 2022
Title: Chief Officer Assurance Report
Responsible Executive/Non-Executive: Louise Bussell, Chief Officer Health & Social Care Partnership
Report Author: Louise Bussell, Chief Officer Health & Social Care Partnership

1. Purpose

To provide assurance and updates on key areas of Health and Social Care in Highland.

2. Adult Social Care

Response to Winter Pressures/Activity

In keeping with Scottish Government requirements as set out in letters received 5 October and 4 November, a great deal of energy, effort and resource has been directed to ensure a range of sustainable and innovative winter planning measures to help protect and sustain health and social care services over the winter period and to provide longer term improvement in service capacity across our health and social care systems.

All winter planning preparations are predicated on four key principles as set out by the Scottish Government:

1. Maximising capacity – through investment in new staffing, resources, facilities and services.
2. Ensuring staff well-being – that staff can continue to work safely and effectively with appropriate guidance and line-management and access to timely physical and emotional well-being support.
3. Ensuring system flow – through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediary care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible.
4. Improving outcomes – through collective investment in people, capacity and systems to deliver the right care in the right setting.

Within our Partnership, such measures include:

Commissioned Care at Home Activity

NHSH has been working closely with care at home partners over the last 6 months, to seek to address the following identified key issues:

- Staffing crisis situation arising from significant recruitment / retention issues
- Increased attrition and unsuccessful recruitment
- Acute staffing availability and wellbeing issues
- Specific geographic challenges in rural / remote delivery
- Escalations / contingencies already deployed and service instability already experienced or anticipated

NHSH has adapted plans and intentions regarding commissioned care at home services, in order to achieve first and foremost, sector stability, with a view to thereafter:

- building resilience;
- growing and releasing capacity; and
- improving efficiency / processes

In seeking to deliver these objectives, we have initiated the following measures:

- We have developed a jointly agreed (NHSH / care at home sector) action plan of short- and long-term measures to address the key areas noted above;
- We have agreed and issued a Joint Scottish Care, The Highland Council and NHS Highland letter of support to service users of commissioned services, to advise of the context and of potential changes to visit timings (unless these are timing critical) and durations, to build in flexibility for service providers;
- We have agreed and implemented a block contract from 1 November 2021, to both provide delivery and income certainty, to enable providers to employ staff on a wider variety of contract terms to assist recruitment and retention, and to also provide more flexibility around meeting service user outcomes, which we consider a step towards commissioning for outcomes; and
- We implemented the Scottish Government pay increase of £10.02 per hour 4 weeks early, with a commitment that NHSH is actively exploring opportunities to provide further stabilising support if possible.

At the time of writing this report (10 December 2021), there has been a ministerial announcement regarding a further increase of pay rates for Adult Social Care, direct care staff, from the recent uplift to £10.02 per hour, to £10.50 per hour, the details around which are awaited.

Also at the time of writing, further and tighter testing restrictions have been introduced by the Scottish Government in responding to the developing Omicron variant, which will further significantly impact on staff availability.

A range of additional measures for winter and festive resilience were already in motion, which will require to be reviewed and revised to these and any further changing circumstances.

The measures in relation to care at home services currently being progressed (although some also apply to care homes) are as noted below. It is reiterated that these measures are intended to stabilise provision as a priority, and enable expanded capacity where possible:

1. Development of business continuity templates, workshop sessions and 1:1 surgeries with care home / care at home providers;
2. Further letter of support to be shared with service users by care at home providers, highlighting ongoing system pressures and potential changes to package timing (unless time critical) and duration;
3. Personal contingency plans made available to service users to support the forward planning of contingency arrangements;
4. Reinstatement of care home manager hotline, and expansion to care at home;
5. Expansion of Covid / Community Response Team both in capacity and scope;
6. Development of a care home staffing escalation protocol, which sets out NHSH actions in the event of in extremis situations experienced by in house and independent sector care homes, and developed also for care at home;
7. Open provider and sector communication channels for sharing of information and close contact with issues on the ground, to enable issues to be identified and addressed timeously;
8. Weekly care at home activity oversight to utilise capacity where available.

Commissioned Care Home Activity

NHSH continues to work alongside independent sector care home providers, both individually and with sector representatives to identify and address any arising areas of concern.

As noted above with respect to care at home, recruitment and retention of staff across independent sector adult social care providers is a critical concern. Within the care home sector, providers are also facing significant staffing challenges to the extent that a significant number of vacant beds are unavailable due to insufficient staffing.

NHSH is working jointly with providers on a longer-term action plan around sector recruitment, an area also being supported nationally by Scottish Government.

More immediate measures are however required and in respect of care homes (in addition to those relevant actions also noted above), and NHSH is also supporting as follows:

1. Escalation with Scottish Government and the Care Inspectorate about any acceptable in extremis measures, for short term adapted staffing models to make best use of available resources;
2. A (north Highland) staffing escalation protocol has been developed and considered by both the Care Homes Oversight Group and Systems Leadership Group. This protocol sets out steps to be followed and identifies decisions to be made and by whom, in the event of a deteriorating staffing situation in either an in-house care home or independent sector care home. This protocol has been used twice to date and is being refined to

enhance the support available to support resolution at District / Area level where possible, prior to consideration of redirected resources;

3. Operational oversight by the Safety Huddle, which had been stood down to 3 times per week and is being reinstated to daily over the winter period;
4. Strategic oversight of care home issues, risks and escalations remains by the Care Homes Oversight Group; and
5. Ongoing supplier relief payments for Covid-19 related costs.

Since the previous report to the Health and Social Care Committee, there have been Covid-19 outbreaks in five care homes in north Highland, two of which are ongoing at the time of writing, with the other three having now ended, as confirmed by Public Health.

During the period of outbreak, there is / was:

- daily contact with all providers by Public Health, to provide infection, prevention and control advice, support, and guidance;
- regular contact by Operational and Commissioning management, to discuss practical inputs, contingency actions/steps and to facilitate any supports that may be necessary; and
- Covid Response Team support where required.

Responsive support for any further such situations will be provided as required.

NHS Care Homes and Care at Home

As noted above a key area of pressure remains the recruitment and retention of staff and the changing guidance for staff in relation to isolation periods. In an attempt to mitigate the risk we

- Revisited business continuity plans
- Are developing a "priorities of care" protocol
- Have created an individual contingency plan template for people living in the community
- Created bite size training workshops to promote learning and knowledge
- Are restructuring the learning and development framework
- Meet regularly with operational managers to keep abreast of emerging issues and to offer support and guidance
- Have in place a dedicated subject specialist for infection prevention and control
- Are working on an improved induction process to reflect current need

To date there have been no confirmed outbreaks within NHS Care Homes.

Covid Response Team

The Covid Response Team consists of 17 members and has been regularly deployed throughout the pandemic. In preparation for the expected rise in Covid transmission, recruitment to this team is ongoing with a view to also extending remit to include the provision of wrap around care within people's own homes at times of crisis for short periods until

additional support can be mobilised and the in-reach to care homes to support the delivery of care in step up and step-down intermediate care beds.

Support has been mobilised to care home services, care at home services and to hospitals. The demands on the team continue to be significant and recruitment to band 3 and 4 posts is ongoing. The longer-term plan for this team is to move towards a more permanent arrangement for staff, this will allow for a transition to the intermediate care team in the future.

Intermediate Care Team

As a current test of change the current Covid Response Team has expanded its role and remit within the Inverness area to include supporting people in the community. The intention of this team is to support medically well older adults within the community and to avoid unnecessary hospital and long-term care admissions. The team will also support informal carers where a home situation is at risk of breakdown without input.

The team works closely with operational colleagues and will facilitate access to the intermediate care bed identified at Ach an Eas care home in Inverness.

As part of this initiative the team have also been able to provide weekend day care on a Saturday and Sunday at the Mackenzie Centre to support informal carers and vulnerable adults.

Intermediate Care Beds

NHS Highland has good geographical spread of short-term beds, 15 in total, the vast majority of which are within in-house care homes across North Highland. Many areas are already operating with intermediate care beds but practice has evolved differently within each of the areas which has made it difficult to accurately track usage and to ensure both clarity of approach and consistency of service provision.

In recent weeks and following receipt of Scottish Government Guidance which set out the expectations for the provision of intermediate care beds, the Adult Social Care Leadership Team has developed a practice framework to ensure both clarity of approach and to support and embed good practice.

With the framework in place, we will continue to support operational colleagues to ensure consistent application and the further development of such provision across North Highland. It is noted that further work is required to ensure enhanced understanding and as much flexibility as possible in order to maximise intermediate care options and other short-term care solutions to avoid inappropriate admissions into either hospital or long-term care.

Respite or Short Breaks

Some care home beds identified for short term use are for planned respite provision, some for emergency admissions and all subject to risk assessments and compliance with Covid Infection, Prevention and Control guidance. Work is currently underway in reviewing this element of service provision to ensure that it is both available and proportionate in terms of demand within the geographical areas. It is important to note that the provision of beds for respite care is part of a broader range of short break options for carers.

Remobilisation of Day Services:

NHS Day Care Services for Younger Adults (up to the age of 65)

All commissioned and in-house day services for adults with a learning disability are providing support and opportunities for people in a variety of different models. Two metre distancing remains in place in buildings-based day services.

Prior to the onset of the pandemic there were seven in-house building-based day services. There are now six. The building-based day service in Kingussie - the Caberfeidh Centre - closed as an in-house service. Work had been ongoing for some time prior to the pandemic to redesign day service provision within Kingussie due to the size of the service, the individual needs of supported people and wider opportunities available within the local community. The service previously provided day services for three people - all three people have had the hours that they spent supported by the in-house staff transferred to a community support provider. The local community and team are in ongoing discussion about the future of the building.

Six in-house building-based day services are now fully operational albeit providing support in a more blended model comprising digital, outreach and building-based support, prioritising those with the most complex physical needs and those with complex autism and challenging behaviours.

Twelve commissioned Learning Disability and Mental Health Day Services have remobilised. Two very small organisations have chosen not to reopen due to environmental and personal factors.

The numbers of people being supported by day services remains static although nobody is attending the buildings-based day services in the way they were pre-pandemic, reflecting the blended model of support provision as described above.

It is also important to note that some supported people and families have declined buildings-based support in favour of alternative support provision.

Day Services for Older Adults

The situation in respect of day services for older adults is similar to that of younger adults in that many people are now receiving support through a much more blended model and with less reliance on full day attendance at a day centre as would have traditionally been the case prior to the onset of the pandemic. The majority of NHH day care services for older adults have re-opened but with reduced activity. The intention is, with guidance from health colleagues, to continue with a phased approach to remobilising day services; this includes working differently and involves an increase in outreach activity with service provision reflective of person-centred practice and agreed individual outcomes.

It is important to note that some elements of day support were not fully stood down for many people during the height of the pandemic, albeit service provision would have had more of an outreach focus reflective of pandemic restrictions and individual needs at that time.

One key difference between day services for older and younger adults is that many traditional day services for older adults were delivered intrinsically within care homes for older people – i.e. not standalone services. That element of service provision has not yet restarted due to a combination of factors. Further guidance was expected from the Scottish

Commented [DM1]: Arlene – bearing in mind the FOI do you wish to amend or add anything further to this section of the report? I am particularly thinking about how you engaged pre pandemic on consultation re service redesign? Current service developments are in keeping with the direction of travel as per a previous detailed report to this committee?

Government on reopening this element of service provision which we have not received. We are also aware however that demand is not as great for this type of service in that people's expectations have changed and many carers who require support are not seeking this type of support for their cared-for person due to continued anxieties related to Covid. Some care home providers have also expressed concerns and are not looking to resume this type of service provision.

Within older adults provision, the only standalone services that have not yet remobilised are Woodlands in Inverness due to service redesign and Airdferry Resource Centre in Dornie due to staffing challenges. All previous attenders at Woodlands have been offered a service from the Mackenzie Centre in Inverness and Airdferry is looking to restart services once recruitment of staff permits.

Strengthening of Social Work Teams

Work is in development to ensure the strengthening of the Social Work Teams so that assessment, planning and review can be timeously progressed as part of an important whole system approach to avoiding inappropriate admissions either into long term care or into hospital and to improve system flow. This will also ensure that this area of work is able to be prioritised alongside other important statutory areas of responsibility and particularly our duty to ensure the safety and well-being of vulnerable adults and adults at risk.

Mental Welfare Commission Report Authority to Discharge: Report into Decision Making for People in Hospital who Lack Capacity.

As reported to the June meeting of this Committee, in May 2021 the Mental Welfare Commission (MWC) published their report into discharges from hospitals during the period 1 March 2020 – 31 May 2020.

As previously reported, the MWC has a statutory safeguarding role in respect of adults whose capacity to make decisions or to take decisions to promote or safeguard their welfare is impaired due to mental disorder. During the Coronavirus pandemic, a number of stakeholders raised concerns with the Commission regarding whether the appropriate legal authority was used to safeguard people being discharged from hospital to care homes who did not have the capacity to make an informed decision to agree to the move.

The MWC carried out a review of the practice with specific reference to moves from hospital to care homes during March - May 2020 and made further enquiries in relation to rights based practice and legal authority supporting the moves. The focus of the work was to identify learning and to ensure that learning takes place, where required, to support and uphold the rights of individuals.

The Commission sought information from Health and Social Care Partnerships (HSCPs) across Scotland in relation to people who had moved from hospital to care homes during the sample period. From these returns they selected a sample size (457 people) which reflected approximately 10% of all discharges from hospital to care homes reported by Public Health Scotland.

From their sample, the Commission considered that 20 people across 11 Health and Social Care Partnership areas had been moved during the sample period without the protection of legal authority. This included 6 people who were discharged from hospital to care homes within Highland HSSC Partnership area.

The report highlights important concerns in respect of knowledge gaps, practice and systems/process issues and contains key learning and recommendations for all HSPCs, including Highland.

The report makes 11 recommendations, 8 of which are for HSSC Partnerships to take forward in relation to improving knowledge, practice and scrutiny across a number of areas. Health and Social Care Partnerships were tasked with development of an Action Plan in response to these recommendations for submission to the MWC by the 21 of August.

Attached as appendix 1 is the Highland Action Plan which addresses the 8 recommendations, and includes both current and planned actions, identified lead people and, crucially, timescales for completion of respective actions.

Work is well underway and the feedback to date is that the work-streams being progressed by the Senior Practitioner – AWI Specialism and Adult Protection Principal Officer, are already having an impact in ensuring improved practice compliance with AWI legislation and local practice guidance. Working alongside the MHO Service and Highland Council legal Services, the training needs analysis for mental health clinicians is progressing with training already delivered and future requirements to be built into the broad training plan for AWI. This role has allowed for the development of relationships, trust and good conversations. This has led to noted improvement in recording and actions across sites. The Senior Practitioner is also reviewing the DHD list on a weekly basis to support with immediate actions but also to identify themes and areas for practice improvement.

Recently completed work and ratification of a definition of care home placement document has assisted in working with all relevant professionals to ensure that offered care home placements are appropriate for individuals, including those who lack capacity.

Whilst it is important to report on progress to date, it is equally important to acknowledge that we are on a journey and some elements of the Action Plan such as systems for recording of decisions and ensuring such decisions are consistently recorded in terms of practice, will take longer to put in place and, crucially, embed in terms of practice, than others. The timescales for completion of respective actions reflect this.

Recommendations 9 and 10 pertain to the Care Inspectorate and their role in scrutiny, assurance and improvement activity, and recommendation 11 to the Scottish Government regarding monitoring delivery of the recommendations contained within the report.

3. Highland Community Planning Partnership Update for Highland Health and Social Care Committee

Current Position

There has been recent discussion with the Highland Community Planning Partnership (CPP) to review the partnership and its priorities and activities to support continued development and improvement of the CPP. A revised vision statement was developed and agreed in June of this year which states that:

The Highland Community Planning Partnership is committed to supporting and promoting the wellbeing, safety and prosperity of the Highland area and its residents. We will aim to ensure residents in all of our communities have the skills and resources to improve their circumstances and live better lives.

We will work together to support an inclusive approach to economic growth and a sustainable economic future for the region. Through working together, we will focus on reducing inequalities and maximising incomes and assets within our communities in order to create a fairer society. We recognise that inequalities are different within our diverse geographical communities and across the generations and our approach will encompass and embrace this diversity.

We will protect our natural environment by working together towards achieving net-zero carbon emissions for the Highland area and promoting the responsible use of our natural environment to support the positive mental and physical health of our population.

A review of locality planning was undertaken between March and June 2021 to better understand what is working well and what the challenges and opportunities are. The findings of the review were presented to the June meeting of the CPP Board. The main conclusions of the review were:

- The current approach to locality planning is not working as several years on from setting up the local community partnerships, not all plans were in place
- The requirement to develop and deliver multiple plans at a local level was challenging
- The level of resourcing locally did not match the current ask
- There was a need to refocus our approach to community planning in Highland

The CPP Board agreed that the issue of resourcing community planning needed to be discussed before a revised approach to locality planning could be agreed. A workshop on resourcing was held in September 2021. The workshop concluded that it was necessary to resource partnership activity and that options to achieve improved resourcing would be developed and presented to the December CPP Board meeting. Consideration will be given to options to resource a core support team to coordinate and support locality planning.

At its November meeting, the CPP Board agreed that local Community Partnership should move from developing multiple locality plans for specific communities and local adult and children's plans to developing one locality plan for the partnership area that would include targeted actions for specific geographical or communities of interest but also enable a thematic approach for some issues where a wider area-based approach would be appropriate. The focus will remain on addressing inequality and where applicable, local actions should align with priorities within the strategic adult and children's service plans.

In recent months concerns have been shared across the partnership about a growing need for mental health and wellbeing services, with a view that better prevention is required as well as improved service responses. A meeting with senior officers of the partnership took place in October 2021 and concluded that mental health and wellbeing was a strategic priority for the partnership and that there was a need to undertake a strategic needs assessment to support development of a multiagency mental health and wellbeing strategy for Highland. A workshop to progress development of a multiagency mental health and wellbeing strategy which was due to be held in December 2021 but has been delayed to the new year due to system pressures.

The partnership has also recently focused on the expected children's services inspection and the shared ambition to improve outcomes and opportunities for children and young people. A CPP workshop was planned and delivered on 19th November 2021 to consider:

- What the current issues of concern are in children's services
- If there are any issues not covered in current programmes or plans
- The key areas that require improvement

A report on the workshop will be presented to the December CPP Board and is likely to inform development of an improvement and opportunity plan for integrated children's services.

Future Plans

Recent partnership discussions have highlighted the main areas for change and improvement for community planning in Highland. Future plans include:

- Supporting the nine local community partnerships to move to development of a single area wide locality plan that focuses on addressing inequalities
- Develop and agree options to resource the facilitation of the CPP
- Develop a multiagency Highland wide mental health and wellbeing strategy
- Develop a partnership improvement and opportunity plan for integrated children's services
- Improve the partnerships approach to data to ensure priorities are supported by an evidence base and are measurable and reportable
- Develop a strategic communication and engagement plan for the CPP
- Deliver training on inequalities to all staff involved in community planning to ensure there is shared and consistent understanding and support core service delivery and improved targeting of resource to address need
- Develop and deliver community engagement training to all staff involved in local community partnerships.
- Update the Community Planning toolkit to reflect current learning and circumstance and to support new members of partnerships and individuals new to community planning
- Developing approaches to ensure prioritisation of partnership working and addressing poverty and inequality is embedded in partners' strategies and ways of working with awareness from managers at all levels.
- Consideration of where the work of Community Partnerships and locality planning sits within the context of place-based approaches and planning

4. Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

Executive Directors Group –

Confirmation received from EDG

5. Recommendation

- **Awareness** – For Members' information only.

Mental Welfare Commission Report Authority to Discharge: Report into Decision Making for People in Hospital who Lack Capacity North Highland Action Plan			
Recommendation	Action	Lead	Timescale
<p>1. HSCPs should undertake a full training needs analysis to identify gaps in knowledge in relation to capacity and assessment, associated legislation, deprivation of liberty definition and the human rights of individuals (as detailed in this report) to inform delivery of training programmes to ensure a confident, competent multidisciplinary workforce supporting safe and lawful hospital discharge planning.</p>	<p>Further round of AWI training to community teams recently completed. The training raised awareness of the historical context of human rights and its development from the European Convention on Human Rights to the United Nations Convention on the Rights of Disabled People and awareness of the importance and implications of Deprivation of Liberty. The training also looked at the legal toolbox provided by the Adults with Incapacity legislation and the importance of awareness of the need to understand and work within the underlying principles.</p> <p>ASP training also ongoing with further training sessions planned.</p> <p>Recently restructured Adult Protection Committee has an identified Learning and Development Sub-Group that will progress training needs analysis for respective staff groups within health and social care in addition to police. Training analysis will cover key legislation which will include ASP Act, AWI and MH Act.</p> <p>Recruitment to vacant Adult Protection training post to be progressed and plans are in hand to further strengthen the Adult Social Care Training Team.</p> <p>Mandatory training requirements for all health and social care staff will be reviewed to ensure relevant training for all staff reflective of role and responsibility.</p> <p>Training to continue to be delivered through a combination of in-house and commissioned training, working in partnership with MHO and Legal colleagues within Highland Council. Training programmes, as is the case currently, will involve a mix of face to face and e-learning training programmes.</p>	<p>Molly Gilbert, Chair of the APC Learning and Development Sub-group</p>	<p>Training Needs Analysis complete by December 2021.</p> <p>Review of mandatory training requirements Jan- March 2022</p>

<p>2. HSCPs should establish a consistent system for recording when an assessment of incapacity has been conducted, by whom and in relation to which areas of decision making.</p>	<p>New Senior Practitioner Specialist AWI post (12 month fixed term initially) recruited. Start date of 6 September 2021. Focus of this post will be to work collaboratively with Hospital Managers, District Managers and the ASC Leadership Team to maintain standards of practice; to ensure adherence to the principles and requirements of the Adults with Incapacity (Scotland) Act 2000; to work across hospital and community teams to support practice and education relating to AWI and to lead in identified areas of practice improvement relating to AWI for the organisation.</p>	<p>Ruth Macdonald, Head of Service, Social Work Services</p>	<p>From September 2021- September 2022</p>
<p>3. HSCPs should ensure that staff facilitating hospital discharges are clear about the status of registered care home placements, in terms of law (see EHRC vs GGC) ¹ and with regards the financial and welfare implications of different types of placements for the individual.</p>	<p>AWI Senior Practitioner, supported by the Adult Social Care Leadership Team, to work alongside Discharge Support Team and other staff/managers involved in facilitating hospital discharge to ensure clarity of status of registered care home placements. Adherence to this recommendation to also be discussed and checked out with practitioners at formal supervision sessions with their line managers.</p>	<p>Catriona Grant AWI Senior Practitioner</p>	<p>From September 2021 - December 2021</p>
<p>4. HSCPs should ensure that practitioners facilitating hospital discharges have copies of relevant documents on file detailing the powers as evidence for taking action on behalf of the individual who is assessed as lacking capacity.</p>	<p>The current situation is that this will be reflective of current practice by many practitioners working across North Highland. We cannot however be assured of the consistency of such practice. AWI Senior Practitioner, with the support of the MHO Principal Officer and Legal Services, to work together with Principal Social Work Officers, operational managers and community teams to ensure understanding and requirement for relevant documentation detailing powers to be seen and held on file. Current Practitioner Guidance to be updated to reflect this recommendation as standard practice. Adherence to this recommendation to also be discussed and checked out with practitioners at formal supervision sessions with their line managers.</p>	<p>Catriona Grant AWI Senior Practitioner</p>	<p>From September 2021 – March 2022</p>
<p>5. HSCPs should ensure that assessments reflect the person as a unique individual with focus on outcomes important to that individual and not external drivers that have the potential to</p>	<p>Personal Outcome Plan which focuses on personal outcomes is current assessment tool used within adult services. It is however recognised that, although we have many examples of strong, person-centred</p>	<p>Ruth Macdonald Head of Service, Social Work Services</p>	<p>From September 2021- ongoing</p>

<p>compromise human rights and/or legality of moves.</p>	<p>practice and assessments that are clearly outcome focused, practice standards are not consistent across all areas.</p> <p>The work of the AWI Senior Practitioner, supported by operational managers and the wider ASC Leadership Team, in supporting and raising awareness of duties and responsibilities under AWI should help to ensure that individual human rights and/or legality of moves are not compromised as a result of external drivers. Operational managers and the ASC Leadership Team are also represented in Unscheduled Care Programme work with health colleagues at a broader level.</p> <p>Training programme for general managers to include developing an awareness of the implications of the United Nations Convention on the Rights of Disabled People and the need for health and social care staff to focus on supported decision making and the Rights, Will and Preferences of people with disabilities and limited comprehension.</p>		
<p>6. HSCPs should ensure that processes are in place to audit recording of decisions and the legality of hospital discharges for adults who lack capacity in line with existing guidance and the principles of incapacity legislation.</p>	<p>MHO Principal Officer with the support of the AWI Senior Practitioner and a representative from Connecting Carers to lead work on the auditing of case records to ensure compliance with legal and recording requirements.</p> <p>The outcomes of such audits and recommendations for improvements will be considered by the Adult Protection Quality Assurance subgroup and supported by the Adult Protection Committee as required.</p>	<p>MHO Principal Officer</p>	<p>From November 2021 - ongoing</p>
<p>7. HSCPs' audit processes should extend to ensuring evidence of practice that is inclusive, maximising contribution by the individual and their relevant others, specifically carers as per section 28 Carers (Scotland) Act 2016.</p>	<p>As above.</p>	<p>MHO Principal Officer</p>	<p>From November 2021 - ongoing</p>
<p>8. HSCPs should ensure strong leadership and expertise to support operational discharge teams.</p>	<p>In addition to the AWI specialist Senior Practitioner post, NHS are taking forward a Senior Practitioner post to support and monitor hospital discharges in the broader sense ensuring that the duties and principles of</p>	<p>Ruth MacDonald, Head of Service,</p>	<p>From October 2021 - ongoing</p>

	<p>the key protection legislation, Carers Act and SDS Act are adhered to and embedded in practice. The post holder, who will work alongside the AWI Senior Practitioner, and will be supported by the wider Adult Social Care Leadership Team, will ensure appropriate knowledge, skills and expertise to feed into and support Senior Managers and operational teams responsible for hospital discharge. A key focus of the two Senior Practitioner posts is to ensure Operational management have the necessary knowledge to enable strong leadership in this area.</p>	Social Work Services	
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