Social care governance – definition

Social Care Governance is a framework for making sure that social care services provide excellent ethical standards of service and continue to improve them. Our values, behaviours, decisions and processes are open to scrutiny as we develop safe and effective evidence-based practice. Good governance means that we recognise our accountability, we act on lessons learned and we are honest and open in seeing the best possible outcomes and results for people.

(Definition based on work of the Social Care Governance Working Group, Somerset)

“In the current climate of change and uncertainty, not just with the restructure and the new model of care, but the whole Personalisation agenda, it was really great to have an opportunity to spend time as a team looking at what we do and what we do well and take some control of what we need to improve, locally.

I believe Social Care Governance allows us to re visit why we do the job we do and claims back some professional identity in an ever changing world.”

Carol Wood, Team Manager Forest of Dean

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Foreword

When we started to move the County Council to a commissioning / delivery model, we understood there would be many challenges in this for adult social care.

We identified at an early stage the absence of a clear social care governance framework. We did not have in one place a set of service policies and standards which were clear and understood / applied by all staff. Such a framework could be used by teams to monitor, maintain and improve our social care practice. By comparison, clinical governance schemes have been in place for many years for our health colleagues in Nursing, Physiotherapy and Occupational Therapy.

In Spring 2011, we decided to address this and develop our own Gloucestershire Social Care Governance Framework. We began by learning from models and good practice which have been emerging in Northern Ireland and applied in the South West by colleagues in Somerset County Council. We then created a project team and with external consultants involved volunteer teams from across the in house delivery units to shape our new framework and audit process.

The completed Framework - launched on 1st June 2012 - is described in detail in this document. The standards and processes set out will soon become part of the business as usual arrangements for the Council’s in house Adult Social Care Delivery services. These will need to be owned, applied and adhered to by all teams and staff. In addition, commissioners will also expect all partners and external providers to apply the principles of the Framework and to have appropriate monitoring in place.

The introduction the Framework is a significant step forward for professional social care in Gloucestershire. As such I would like to give my acknowledgement and thanks to everyone who has supported their development.

Margaret Willcox
Commissioning Director: Adults
Director of Adult Social Services
Section 1

Introduction

In 2011 a great deal of work has been undertaken within Gloucestershire County Council to develop our first Social Care Governance framework. This work has been in parallel with moves towards an integrated service with health colleagues for the majority of adult social care staff and this document is issued at an exciting time of great change when new multidisciplinary teams are being formed from previously separate professional teams.

It therefore aims to do three things.

1. To capture all the learning and output from the Gloucestershire Social Care Governance pilots so that social work and social care staff can embed a governance framework into their daily business
2. To begin the journey of integrating Social Care Governance into a wider Integrated Adult Care Governance structure in Gloucestershire in a way that also makes sense for those adult care teams that remain with GCC.
3. To promote the use of Team Audits and Action Planning as a tool to aid Integration and Team Building

We are not producing large numbers of printed versions of this document because we know that it will need to be updated at regular intervals during 2012 and 2013. This is because there are changes that will be needed to our critical policies as we begin to work more closely together in multidisciplinary teams, and there are also plans from the Healthcare Quality Improvement Partnership to produce national guidance on Social Care Governance later in 2012 that we will need to work to incorporate.

The Gloucestershire Social Care Governance pilot included standards about personal behaviour that apply to everyone working in the new integrated multidisciplinary teams whatever their professional background, as well as those whose teams are remaining with GCC. They also included standards that relate to team performance around adult social care in its widest sense which are everybody’s business, and also elements that relate to Social Work practice specifically.

The standards are grouped into clusters and these are arranged so that it is clear how they may be applied to multidisciplinary teams as they start to work together in a more integrated way. These clusters look different from those that the pilots sites worked on, but they contain all the same constituent elements. They have just been re-organised so that it is clearer how they fit with the responsibilities of the other professions who make up our multidisciplinary teams.

To make it clear that this framework refers to all our staff, whoever they are employed by, we’ve used the term ‘everyone’ to mean all employees, students and volunteers working with our health and social care teams.
Governance sounds highly theoretical. In fact it is very practical. It concerns what every employee does and how well they meet the service standards that set out what they should be achieving. They are brief, simple and take you through a practical process. This document describes both the standards and how they will be audited.

**Section 2** sets out the standards divided into those that affect everyone in the team, whatever their professional discipline. They are not statements of ideal behaviour, written far from day to day practice. They were developed by team managers and others in the service to describe what we are trying to deliver now. They are not just concerned with service delivery. They cover the personal and group activities that underpin all good services. **Section 2 sets out the standards that you are trying to achieve; make sure you are familiar with them.**

Simply stating standards will not deliver improved confidence and performance. The key question is how well staff activity reflects the standards in their day to day practice. For this reason, the core of governance is the audit process.

**Section 3** describes the audit process. It is based on the idea of “reflective practice”. Individuals and teams find it hard to reflect on issues in the hurly-burly of day to day pressures. Audit is a chance to step back from that and reflect on “how well are we doing”. It is not a long or complicated process.

**Section 4** suggests how the standards could be audited in groups, and **section 5** gives a set of questions to get an audit started.

Finally **section 6** summarises the roles and responsibilities of staff at all levels in the service.

The audit process was piloted in 6 teams and **appendix 2** shows the documents they produced after the audits. These give good examples of simple but very practical ways of recording judgements and the improvement actions planned.
The following standards, covering individual, team, and service activities, apply in different ways to all staff working as part of multidisciplinary teams in the adult social care service. The standards overlap so the division is not perfect but they represent those that are chiefly delivered by each individual (personal), those chiefly delivered within a team or group (team) and those which are chiefly delivered by a range of different parts of the organisation working as a service system (service).

**Personal Standards**

1. Everyone understands and works within their own services critical policies. It is recognised that over time there will be new policies and procedures for integrated multi-disciplinary services. For GCC’s adult social care employees, the current list of Critical Policies is in Appendix 1.

2. Everyone is flexible to changing needs and requirements of the service.

3. Everyone is both required to, and feels supported to, raise significant issues and concerns that may impact on individuals, other employees or the organisation as a whole, irrespective of their professional background.

4. Everyone, from all disciplines ensures they identify their own continuing professional development needs (CPD), take part in CPD as required, share results with colleagues and contribute to CPD planning.

5. Everyone actively reviews their performance against their roles and responsibilities, and works positively with their supervisor to identify ways to improve understanding and performance.

6. Everyone, irrespective of their level of qualification, works within their employers Codes of Conduct, and the Code of Ethics relevant to their professional group.

7. All employees follow the procedures laid down by their employers and maintain appropriate records of their actions.

**Team**

1. Everyone actively promotes teamwork as the basis of a resilient and effective response to meeting the needs of the public.

2. Everyone takes the initiative and promotes clear shared direction within their team in support of the best possible quality of service to the public.

3. Everyone ensures they are up to date on their team’s priorities and the latest developments within the service, actively promoting them in their work.

4. Everyone will actively pursue current standards of best practice as laid out by Department of Health (DH), Care Quality Commission (CQC), Social Care Institute for Excellence (SCIE) and other national bodies.

**Service**

1. Everyone fully considers and understands the needs of families and carers, including young carers, when planning support.

2. Everyone will enable individuals to develop networks of support in their local communities and to increase community connections.

3. Everyone will work with individuals and their families or carers to focus on solutions to avoid or overcome crisis.

4. Everyone will work with individuals and their families or carers, where appropriate, to identify areas of risk and ways to manage these positively within their natural communities rather than inside service and organisational boundaries.

5. Everyone will, through open, transparent and personalised processes agree the outcomes that will make a difference to the individual’s quality of life.

6. Everyone will ensure that support is culturally sensitive and relevant to diverse communities.

7. Everyone will take mutual account of available resources and take responsibility for making decisions on eligibility and resource allocation.
8. Everyone will take responsibility for explaining and recording why decisions have been made and how they relate to the individual’s needs.

9. Everyone will encourage individuals and carers to feel confident in giving compliments, making comments, raising concerns or making complaints.

10. All teams will listen and learn from feedback given by customer, their families or carers and the public to improve services. This will include telling them how their feedback has been used.

11. Everyone will work with individuals and their families to maximise their independence and recognise that this may involve elements of positive risk management.
Section 3

Audit Processes

A. Principles

Audit is the central process of any governance framework. Through a process of planned audit, the standards come alive, action can be planned and co-ordinated, and obstacles to improvement removed.

The key principles are:

- Audits should be reflective and focused on *judgement* not anecdote, i.e. the question should be “how are we doing against this standard?” not “what is this team or worker doing wrong?”
- Audits should focus on practice not numbers, although numbers can sometimes offer a useful perspective on practice.
- Audits should always involve the team or worker whose practice is being considered.
- All audits of team practice should involve at least one outside facilitator. Audits at service level may also benefit from use of an external facilitator.
- Mutual challenge is a critical element of all reflective audits. Challenge should be encouraged; it does not have to be aggressive.
- The outcome of all audits should be ideas about how the service could be improved, and in particular the service given to the public. These should form the basis of action plans.
- Any audit may identify barriers to improvement that can only be resolved by others in the service or elsewhere. There must be clear processes for reporting of and responding to these.
- The audit process and quality of outcomes will be reviewed and evaluated after the first year of implementation.

B. Levels of Audit

There are three levels at which audits can and should take place.

1. Team Audits

Objective – to promote cultural change, through an open debate, to develop a shared understanding of current team status and potential for improvement and to support the emerging development of new teams.

The team is a crucial influence on its members and the key group through which managers influence outcomes for individuals. It is therefore the most important focus for governance framework activities. This will remain true whatever the physical arrangements for the team - a dispersed team or one which operates in a multi-disciplinary setting may have specific issues to address in the way it works as a team, but it will still be the crucial organisational grouping and thus the key focus of audit activity.

2. Individual Appraisal

Objective – to challenge each employee to look at their practice against the governance framework standards

This long-standing process already involves a degree of audit of an individual’s work. The governance framework adds a further dimension by defining standards which the employee is expected to meet. Action planned at team level will be delivered by action at individual worker level so appraisal needs to include reflection on that contribution.

3. Service Level Audits

Objective – to give assurance that the service as a whole is actively pursuing the standards and the cultural change that flows from them

The strategy for service level audit will be developed by the Head of Social Care working in partnership with the other professional Heads of Service (when identified), with Locality Managers and with NHS colleagues with responsibility for clinical governance in the integrated service.
C. Audit Clusters

The standards adopted inevitably overlap to some extent. Auditing one standard will therefore almost always involve thinking about others. Although a degree of focus is essential in order to complete the task, it is better to acknowledge the overlap than try to be too rigid. Therefore the standards have been grouped into a number of clusters which are outlined in section 4.

D. Team Audits

i The Process

Each team is required to do a minimum amount of audit work each year. They must conduct at least two audit sessions per year but may choose to do more if they wish. They can select the clusters to be audited, although the governance board may set priorities which they would like all teams to consider, supplemented by those selected locally.

A session of 1.5 hours should enable two clusters to be completed. Additional time will be needed for write-up and action planning.

Team audits should
- involve the whole team
- be externally facilitated
- be recorded simply and briefly
- identify possible action points for the team and for others in the service where appropriate
- be written up in a format that can be used to record the views gathered, define action points, assess progress on those points at a later stage, and inform others in the service of the team’s position. Appendix 2 gives examples from the Pilot Teams.

The audit process is simple. It is about making a judgement about how the team is performing. The natural tendency is to describe what is being done but that is not a judgement. Using the standards and the related questions teams should work through a standard process which focuses on judgement. This is as follows:

1. For each standard – quickly define an initial, top of the head judgement of how well the standard is being met. See Appendix 2 for examples.

2. Work through the suggested questions to explore the key aspects that give rise to the judgement. Take each area and quickly ask “does it support our initial judgement?”

3. Ask “do we really have evidence that things are as we have said they are?” Look for examples and ask how representative of all work they are.

4. Challenge each other, to ensure that all views are tested equally. Use this process to identify possible improvement ideas. Remember many improvements come from taking good practice by some members of the team and making it universal.

5. Revise the top of the head judgement if necessary

6. Keep notes of the judgement and evidence. It is helpful to use “stickies” to get every member of the team to identify things that are going well and things that could be improved. This gives a clear impression of how important specific issues are and a wealth of suggestions for change. They can be collated into a strategic activities map later if the team finds this useful. See Appendix 2 for an example map.

7. Record, briefly, any issues which are seen as barriers to improvement which cannot be dealt with by action at team level. Include these in the strategic activities map or refer them on for discussion by the governance board. See section below “Using team audits to support wider improvements”.

ii The Facilitator’s role

Every team audit should have an external facilitator, this will be a Professional Team Leader in the integrated service.

During the audit itself the facilitator should:
- Chair the debate, and ensure the task is completed within the allocated time
- Ensure notes are kept
- Provide some challenge to views expressed so that they are tested and expanded
- Ensure team members are able to challenge each other constructively
- Ensure front line staff views are expressed freely.
They should not:

- Direct debate, except where this is necessary to ensure the task is completed.
- Seek to explain policies or plans of the services senior management – merely note that these are unclear to the teams if that is the case.

After the audit the facilitator should:

- Assist the team manager in writing up the notes.
- Take responsibility for referring any issues that need to be considered outside the team to the governance board.
- Provide validation of the process so that the findings can be used outside the team (see section below on Using Team Audits to support wider improvements).

iii Team Action Planning

The principal output from the audit should be action planning at team level. The reference to action planning as opposed to an action plan is deliberate. In keeping with the concept of reflective audit, the intention is to identify the broad direction of travel and some of the key actions within that. It is essential that all the team understand and buy into these actions. Creating a traditional action plan with time-scales, task dependencies and allocated responsibilities is likely to encourage team members to assume that their contribution is limited to waiting for things to happen. The governance framework depends on them making things happen by changing their own actions!

The examples of team action plans from the pilots, in Appendix 2, keep action planning to a few bullet points. That does not mean that the team managers will not follow those up and ensure that action is taken. It does mean that the team as a whole is more able to consider progress during team and other meetings by using the reflective approach used in the original audit. Teams find it much easier to ask “have we made progress, because we all said we needed to do this?” than they do to consider a detailed action plan. Team managers must ensure that such reflection is included in the agenda of team meetings or similar opportunities.

Based on this approach there is no prescriptive definition of the action plan. Teams should develop whatever they feel is most useful for them in the light of their findings, although the examples give a guide to what works.

iv Using Team Audits to support wider improvements

Team Audits are the core of the governance framework but they can also be a major resource for the organisation as a whole. To exploit this resource, however, two conditions have to be met.

First, there must be a degree of validation of the audits i.e. there must be someone outside the team who can say that the process was inclusive, offered a proper degree of challenge, and formed justifiable conclusions. This is a natural role for the facilitator provided they have sufficient seniority and independence to give the views credibility across the organisation.

The facilitators should ensure that they facilitate teams from outside their service boundaries. In this way they will, as a group, be able to share learning across the whole service, identify areas of weakness that require broader responses and form views on training needs. Developing such a view and promoting change fall naturally within the broad remit of the PTL role in the integrated service. This responsibility thus strengthens both their own performance and the impact of the governance framework overall.

Second, when teams identify issues that are blocking improvement that they cannot deal with themselves, there must be a clear process for passing those on for action by managers or groups with the authority to respond. The governance board is tasked with this role. Issues do not require detailed exploration before referral. This would delay both referral and response. The board should receive an indication of the issue and brief details. It will then consider what action is appropriate and initiate it.

In all cases the board should provide a response to the relevant team explaining the proposed action within 6 weeks of receipt of an issue. If an issue cannot be resolved within that timescale, as is likely, then a holding response should be sent to the team indicating the action that has been initiated.

Responses to issues raised will range from

- Immediate referral to a specific person who has the ability to change things
Further exploration, in which case clear SMART terms of reference should be given to those tasked to conduct it.

To take no immediate action because other issues, which have higher priority, need to be resolved before progress can be made. If this response is given the issue should be kept under review and feedback given when it is possible to move on with resolving it.

To take no action at all for stated reasons

Therefore after each Audit the Facilitator will refer all issues which need broader consideration to the Social Care Governance Board for action.

E. Individual Appraisal for Social Work and Social Care staff employed by GCC

The council's appraisal process is well-established and there is a similar but separate scheme within the NHS. The governance framework provides extra potential to this process. There are three opportunities.

1. Prior to their appraisal discussion workers should be asked to consider their personal position in relation to the standards. They should consider all of them but with particular focus on the personal standards. They should prepare a brief judgement of their position for each standard providing examples of practice which support that. This should be no more than a few sentences which can form a basis for discussion in the appraisal meeting. These notes will not form part of the record of the appraisal.

2. During the appraisal the manager should actively discuss the standards and the worker's adherence to them. They should discuss the notes prepared by the worker and follow the normal process of discussion and recording contained in the appraisal process. Any training or development needs and any deficiencies in performance should be followed up in the normal way.

3. During the appraisal the manager should ensure that the team’s audit records and particularly the issues for action are also discussed. The purpose of this is to consider what contribution the worker has made to achieving the outcomes agreed by the team as a whole.

F. Auditing the Governance Framework itself

The governance framework is a first step towards an integrated framework across all adult services and it is an important step to bridge the gap in social care. It will need to be regularly reviewed and updated to take account of other professions requirements as we become more integrated and also the need to adopt emerging national guidance on integration and on social care governance.

It is therefore essential that there is a periodic audit of the governance framework itself. PTLs will undertake a quality review of the audit work carried out in a 12 month period. The process will be evaluated and reviewed after the first year.

One aspect of this is very straightforward. The framework sets targets for completion of audits that are easily checked. If the intent is that each team conducts 2 audits each year, then it is a simple matter of report whether this has happened. Slightly more complex is an assessment of which clusters have been audited and whether that suggests direction may be needed. More complex is the issue of quality of outcome. The object of the framework is to improve the customer experience by improving the effectiveness of the organisation. Both aspects are hard to measure but the process of “reflective audit” outlined for team audits is equally relevant here. Since improvements are to be achieved at both team and broader level, the audit will require input from both levels. There is a strong argument for building such audit into regular service arrangements e.g., management conferences involving all, or most, managers. However more ad hoc arrangements could be created.

The method, time commitment and improvement planning issues explored above all apply to this audit as well. The key difference is in the leadership which must come from senior management, and the participants which would ideally involve all managers whose teams conduct audits.
The standards adopted by the service inevitably overlap to some extent. Auditing one standard will therefore almost always involve thinking about others. A degree of focus is essential just to complete the task, but it is better to acknowledge the overlap than try to be too rigid. A lot of time can be wasted debating which standard should be included, or whether a specific issue should be looked at during this audit or left until another. To avoid this, the standards have been grouped into a number of clusters of related standards and these are separated into 2 sections.

1. Those that affect the whole team and/or are about professional standards of behaviour common to everyone, including those that are about practice that is everyone’s business whatever their professional background and
2. Those that are primarily about Social Work or Social Care Governance.

For each cluster there are related questions which relate to the relevant standards. These are provided as a guide to the issues that should be considered during your audit. They are not meant to be exhaustive and other questions can be introduced, but they provide a way to ensure reasonable coverage of key issues during audit.

### Team Clusters
**Standards that are about professional behaviour and standards that affect everyone in the team.**

**Customer focus**
- Service standard 1 – Everyone fully considers and understand the needs of families and carers including young carers, when planning support.
- Service standard 4 – Everyone will work with individuals and their families or carers, where appropriate, to identify areas of risk and ways to manage these positively within their natural communities, rather than inside service and organisational boundaries.
- Service standard 5 – Everyone in the team demonstrates the difference being made to someone’s life through open transparent and independent processes.
- Service standard 6 – Everyone will ensure that support is culturally sensitive and relevant to diverse communities.
- Service standard 8 – Everyone will take responsibility for explaining and recording why decisions have been made and how they relate to the individual’s need.
- Service standard 9 – Everyone will encourage individuals and carers to feel confident in giving compliments, making comments, raising concerns or making complaints
- Service standard 10 – All teams will listen and learn from feedback given by the customer, their families or carers and the public to improve services. This will include telling them how their feedback has been used.

### Personal Development
- Personal standard 1 – Everyone understands and works within their own services critical policies.
- Personal standard 2 – Everyone is flexible to changing needs and requirements of the service.
- Personal standard 4 – Everyone, from all disciplines ensures they identify their own continuing professional development needs (CPD), take part in CPD as required, shares results with colleagues and contributes to CPD planning.
- Personal standard 5 – Everyone actively reviews their performance against their roles and responsibilities, and works positively with their supervisor to identify ways to improve understanding and performance.
- Personal standard 6 – Everyone, irrespective of their level of qualification, works within their employers Code of Conduct and the Code of Ethics relevant to their professional group.
Team Development

- Team standard 1 – Everyone actively promotes teamwork as the basis of a resilient and effective response to meeting the needs of the public.
- Team standard 2 – Everyone takes the initiative and promotes clear shared direction within their team in support of the best possible quality of service to the public.
- Team standard 3 – Everyone ensures that they are up to date on their team’s priorities and latest developments within the service, actively promoting them in their work.
- Team standard 4 – Everyone will actively pursue current standards of best practice as laid out by Department of Health (DH), Care Quality Commission (CQC), Social Care Institute for Excellence (SCIE) and other national bodies.

Safeguarding

- Personal Standard 1 – Everyone understands and works within their own services critical policies.
- Personal Standard 3 – Everyone is both required to and feels supported to, raise significant issues and concerns that may impact on individuals, other employees or the organisation as a whole, irrespective of their professional background.

Personalisation/Self-Directed Support

- Service standard 1 – Everyone fully considers and understand the needs of families and carers including young carers, when planning support.
- Service standard 2 – Everyone will enable individuals to develop networks of support in their local communities and to increase community connections.
- Service standard 5 – Everyone in the team demonstrates the difference being made to someone’s life through open transparent and independent processes.
- Service standard 6 – Everyone will ensure that support is culturally sensitive and relevant to diverse communities.
- Service standard 11 – Everyone will work with individuals and their families to maximise their independence and recognise that this may involve elements of positive risk management.

Re-ablement

- Team standard 3 – Everyone ensures that they are up to date on their team’s priorities and latest developments within the service, actively promoting them in their work.
- Service standard 4 – Everyone will work with individuals and their families or carers, where appropriate, to identify areas of risk and ways to manage these positively within their natural communities, rather than inside service and organisational boundaries.
- Service standard 11 – Everyone will work with individuals and their families to maximise their independence and recognise that this may involve elements of positive risk management.

Risk Management

- Service standard 4 – Everyone will work with individuals and their families or carers, where appropriate, to identify areas of risk and ways to manage these positively within their natural communities, rather than inside service and organisational boundaries.
- Service standard 11 – Everyone will work with individuals and their families to maximise their independence and recognise that this may involve elements of positive risk management.
- Personal standard 7 – All employees follow the procedures laid down by their employers and maintain appropriate records of their actions.

Standards relating mainly to social work and social care staff

1. Recording (Social Care Standard)

- Personal standard 1 – Everyone understands and works within their own services critical policies.
- Personal standard 7 – All employees follow the procedures laid down by their employers and maintain appropriate records of their actions.
- Service standard 7 – Everyone will take mutual account of available resources and take responsibility for making decisions on eligibility and resource allocation.
2. Reasoning (Social Care Standard)

- Service standard 7 – Everyone will take mutual account of available resources and take responsibility for making decisions on eligibility and resource allocation
- Service standard 8 – Everyone will take responsibility for explaining and recording why decisions have been made and how they relate to the individual’s need
- Team standard 4 – Everyone will actively pursue current standards of best practice as laid out by Department of Health (DH), Care Quality Commission (CQC), Social Care Institute for Excellence (SCIE) and other national bodies.

3. Reflecting (Social Care Standard)

- Personal standard 5 – Everyone actively reviews their performance against their roles and responsibilities, and works positively with their supervisor to identify ways to improve understanding and performance.
The following questions are intended to be a starting point for debate within a team about the current position and what is going well/badly. They are focused on the cluster of standards rather than each individual standard. In all instances, there should be examples that show that something is going well/badly, in other words answers should be concrete not just unsubstantiated opinion.

The overall purpose of the questions is to help teams to avoid just describing “what” they do and to make judgements about “how well or badly” they are performing.

Customer Focus

- How do we, as a team, make use of compliments and complaints about our services?
- What arrangements do we have, as a team to consider performance indicators and what they say about our practice?
- What changes could we make to improve user feedback and to act on the feedback we do receive so as to improve our response to individuals?
- What arrangements have we got, as a team or across the wider service, to check the quality of our practice?

Personal Development

- What systems are in place to ensure that staff both identify and meet their continuing professional development needs? How could these systems be improved?
- What processes are in place to ensure that staff review their performance against roles and responsibilities and identify ways to improve their understanding and performance? What changes could be made?

Team Development

- What arrangements do we have, as a team or across the wider service, to look at latest best practice from key national bodies or elsewhere?
- Do we take advantage of all the training and development opportunities offered? How do we follow up our experiences to share ideas and improvements across the whole team?
- Do team meetings provide an opportunity for identifying issues and tasks that need attention?
- Do team members take responsibility for addressing issues and sharing tasks?
- How well do we share pressures and support each other in managing stress arising from our work?

Safeguarding

- How do we know that everyone in the team is aware of, and working within the Multiagency Safeguarding Policy?
- What evidence do we have that we are actively considering possible Deprivations of Liberty and following the agreed multiagency protocols?
- How do we know that everyone is working to the interagency ‘raising concerns’ protocols?

Personalisation/Self Directed Support

- Can we show examples that individuals are being empowered to take control of their own support? If so, is this standard practice or a rare exception?
- Are we actively encouraging people to manage their own personal budgets?

Reablement

- Is everyone in the team aware of their roles and responsibilities to support re-blelement and to maximise independence? How can we evidence this?

Risk Management

- Is it clear when risk assessments should be done and what they should cover?
- What evidence do we have that we actively assess and manage risk? How is this balanced with user choice?
- Can we show that everyone is aware of and working with the multi agency Mental Capacity Act protocols?
Recording (Social Care cluster)
- How good is our collective understanding of our employers policies? What is meant by “appropriate record of actions”?
- What do expect to see in a Service User record? Are we delivering against this expectation?
- What arrangements do we have to define and share examples of good/helpful recording?
- How are new workers told what is expected in their recording?
- What, if anything, do we need to improve to make our recording more helpful to each other, individuals, and managers?
- How are we using the information about individual wishes/preferences that we get from our assessments?
- How does the information we get about user preferences during support planning influence development of services?

Reasoning (Social Care Cluster)
- Do we always give individuals clear information about how their needs were assessed and resources allocated to meet their need for support? How do we know?
- Where people do not meet FACS criteria are we clearly evidencing our reasoning?
- Where we are making ‘best value’ recommendations are we clearly evidencing the options we have considered and the reasons for rejecting them?
- Are our Best Interests records clearly evidencing a consideration of the options as well as recommendations we have reached?
- Do we see evidence in case records of reference to the legislation that people have used to inform their practice?
- What evidence is there that we are actively balancing the rights and responsibilities of vulnerable adults?

Reflecting (Social Care Cluster)
- Are the policies on supervision/appraisal well-understood? How do we know?
- Does supervision and appraisal work well as ways of ensuring good practice standards?
- What arrangements do we have, as a team or across the wider service, to look at latest best practice from key national bodies or elsewhere?
- What arrangements have we got, as a team or across the wider service, to check the quality of our practice?
- Are our arrangements for supervision of social work staff compliant with the requirements of the Social Work Reform Board?
Roles and Responsibilities

No standards or governance can lead to improvements in service to customers unless there is a clear understanding of:

1. The roles of different staff levels in the governance framework processes
2. The responsibilities of different staff for action arising from team audit processes, which are the core of the governance framework.

This section sets out these roles and responsibilities in general terms, centred on the team audit process.

**All team members**

Everyone, whatever their role and professional background has a responsibility for their own practice, and to actively participate in the audit process.

**Team Managers and Professional Team Leaders**

Team Managers need to work with their Social Care PTLs to develop a programme to audit their whole team’s performance against the Team Clusters (Customer Service, Personal and Team Development, Re-ablement, Safeguarding, Personalisation and Risk Management). They need to support their teams in action planning and to deliver improvements identified against the Team Clusters.

**Social work PTLs**

PTLs with a Social Work professional background need to take the lead in the county, working collectively across all localities for auditing the practice of their social care staff against the 3 Social Care Clusters (Recording, Reasoning and Reflecting).

**Senior Managers**

The effectiveness of the governance framework as a whole needs to be audited from time to time and further work is required to integrate this Social Care Governance Framework into a fully Integrated Governance Framework. This will be led by the Head of Social Care working with Locality Managers and with colleagues with NHS Governance responsibilities.

The single thing most likely to cause the governance framework to fail is lack of action to remove barriers to improvements identified during team audits. If employees do not see action or receive a response about issues they have raised they are highly unlikely to continue to be engaged in the process enthusiastically and may even opt out of team level improvement work. This is not to say that issues raised will always be right or that they need immediate action. They might be judged to be wrong or to be lower priority than other work. However, feedback must be given. Essentially this is a test of the effectiveness of improvement planning, project management and communication within the service. These are senior management responsibilities.
This list defines the critical Policies which all staff need to be familiar with. Although some will be more important than others according to an employee’s role and function, they will be crucial to all staff at some point and many of them will govern day to day activities of all staff. The list will be regularly updated by the Social Care Governance Board, and can be accessed via http://www.gloucestershire.gov.uk/sspolicyindex

**Service Policies/Guidance**

The Adult Social Care service exists to assess need and arrange support. The following policies define the terms on which that takes place.

- A Guide to Adult Assessment June 2011
- Fair Access to Care Services (FACS) Eligibility Criteria Information sheet
- Promoting Choice: Positive Risk Management Policy (revised January 2011)
- Carers Policy
- Gloucestershire Multi agency Safeguarding Vulnerable Adults Policy & Procedures. (2011)
- Raising Concerns - An interagency protocol for raising concerns and sharing related information (revised 2011)
- Gloucestershire Safeguarding Children Board
- Deprivation of Liberty Safeguards Interagency Policy and Procedures (revised document waiting approval Dec 2011)
- Ordinary Residence - Law, Policy and Procedure (revised 2011)
- Best Value Guidance (Sept 2010)
- Advocacy Policy (revised 2011)
- Interpretation and Translation Policy (2008)
- Support Planning Guide (Awaiting approval)
- Any other specific service policy/procedure with specific knowledge, law and practice relevant to particular client group or setting e.g. Medication Policy for Residential Homes, CPA for Mental Health services, Moving and Handling etc

**Finance**

Managing money well is crucial to ensuring that the best level of service is offered within tight resources. It also promotes consistency and fairness between customers, between staff, and between services. Whatever a staff member’s role it is important that the Service’s basic processes for managing money are understood. Therefore all staff should be aware of the contents of the following.

- Financial Management Handbook - this is currently being reviewed along with potentially Standing Orders/Financial Regulations in line with the new Operating Structure. When the review has been completed they will be available on staffnet.
- Fairer Contributions Policy in Adult Social Care Policy (Non Residential Care) (June 2010 – currently under review)
- Direct Payments policy and Procedures 2011
- Charging for Residential Accommodation Guide
- Deferred payments and legal charges (2011)
- Capacity and Finance – (Appendix MCA9)

**Employees and the Public**

It is hard to separate those policies which solely relate to relations between the employee and employer and those which cover relations between employee and public. Very often, when things go wrong, the issue between employee and employer involves the public’s interests as well. Some of these Policies, e.g. Fairness and Diversity, directly affect both Employees and the Public. Understanding the following Policies as a whole is therefore important.
- Fairness, Diversity and Equality at Work
- Recruitment
- Grievance Policy
- Mediation Policy
- Code of Conduct & Confidential Reporting Procedure (Whistle Blowing)
- Relations between Staff & the people they support
- Staff Supervision Policy & Procedure (for social work staff who manage a caseload)
- Performance Management – Appraisal Guidance
- Safety, Health and Well Being
- Health and Safety Policy
- Managing Performance Improvement Procedure
- Performance Management - Managing Staff Attendance
- Compliments Comments and Complaints – Making Experiences Count
- Guidance on ensuring all documents etc are accessible is required. This should include; large print, easy read, audio etc

Data
All service organisations depend on data. Without adequate data handling customers, staff, the organisation, and its partners all suffer, either through inefficiency or misuse of personal information. Therefore all staff must be thoroughly familiar with the following Policies. They affect every employee every day at one level or another.

- Recording Policy
- Data Protection Breach Policy (not on GCC website, on staffnet only)
- Access to Personal Information (subject access) (revised 2011)
- Secure Partnership Working (Data sharing Protocols)
- Disclosure of service user personal information to third parties policy (2011)
Note: When the pilots were undertaken we had categorised the clusters into ‘major’ and ‘minor’ but this was found not to be helpful. The accounts of the pilots therefore include reference to these major and minor cluster but you will not find them referred to in that way in the final framework. They are all there, just not divided into ‘major’ and ‘minor’. The standards themselves have also been reviewed throughout the process and have been adapted and refined to better reflect the needs of a multidisciplinary organisation.

As noted in Section 4, audits should provide an agenda for future action within teams and sometimes in the wider organisation. This does not mean that they need to be recorded in great detail or that there should be detailed action plans.

The key is to have a record of the things that came out of the audit. Having committed an hour and a half to reflection on your current position, you don’t want to lose your conclusions or rely solely on memory to retain what they were. What you record will vary depending on which audit cluster you were looking at. The main reason that minor clusters take less time to audit is that they are less complex than major clusters. Naturally you would expect the record to be less complex too.

The material in this Appendix clearly shows this variation. All pilot teams audited recording. All identified a few things that could be improved, but these were simply stated and clearly understood. The records are therefore brief, comprising no more than flip chart notes taken at the time. This does not mean the issues identified are not important.

The problem of remembering what was said is much greater with the major clusters which have several inter-linked standards and tend to focus on major areas of practice. Improvement depends on addressing several aspects of activity, each of which is probably complicated in itself. A lot more specific detail will have been discussed in the audit, making it even harder to keep hold of so it can be used later. For major clusters the challenge is to have a suitable aide memoire. If you have that you can retain your first analysis and move on to plan action. If you don’t, you end up having to repeat your analysis and wasting time.

In the pilots we introduced the idea of strategic activities maps which provide this aide memoire. These are explained below, and then some of the audit records of the pilot teams are provided as examples for others to follow.

**Strategic Activities Maps**

The idea of strategic activities maps is that they give you an aide memoire which can help you focus on developing practice and performance in a broad sense, when the daily workflow is pulling you towards endless detail, numbers and processes. They are not for daily use, but perhaps referred to once a month as part of a short “reflection”. Ideally the map would be developed over time by the team and used to give everyone a picture of where their efforts fit in and what they should be focusing on as professionals even without the manager pushing them.

Following the thinking done at the audit, team members are asked to record comments on “stickies”, identifying things you are doing well or things you should do better. These are then collated into themes or Strategic Activities which are the things the Team needs to keep focused on in order to do their everyday tasks better. These themes and the comments under each are shown as a “map” which has three levels.

**Level 1** is the Standard the Team considered, in the case of the pilot teams this was self-directed support or risk. This level simply quotes the standard adopted by the service, as in Section 2.

**Level 2** is a set of headings which reflect clusters of strategic activities identified in Level 3 which form themes which all the team need to focus on continuously.

**Level 3** are the strategically important activities you identified in team discussion during the audit, which build up to the theme heading in Level 2.

You develop a strategic activities map by selecting the standard you are working on (Level 1); identifying the strategic activity streams both those done well and those needing improvement (Level 3) – “stickies” make collation easier; collating the strategic activities to produce themes for Level 2.
When looking at a map, Level 3 shows the team’s “stickies” – colour-coded so that green = currently ok; grey = needs improvement; and blue = someone outside the team needs to take this on. Occasionally comments on “stickies” are genuinely a mix of currently ok and needs improvement, these can be shown in a different colour. Duplicate comments can be aggregated into one summary comment to make layout easier, so not everyone will recognise all their own comments.

Use the map as the basis for regular team reflection about how things are going. Aim to ensure everyone understands the main themes and retains a focus on them when the daily workflow is high. Remember that it is intervening regularly and making slight changes in the way frequent tasks are done that makes the difference over time.

Finally, never assume that something that is ok now will stay that way!

Minor Cluster Audit Notes

Stroud Team
Recording

Quick assessment

Recording standard is generally ok but pressures of time mean it is often briefer than ideal and there are some delays in getting material onto the IT system.

The changing documentation has caused disruption but things are getting better as a result of training. It was felt that there is growing consistency and better understanding of how the new documents work as a set. Better access to training is needed.

General points and evidence

There is a council-wide working party looking at the documentation and the team is represented on this.

Looking at each others files suggests that it is possible to identify key decision and events, and to interpret why decisions were made. However this is not always easy, partly because of unfamiliarity with the new documents, partly because some valued aspects of the previous system have been removed, e.g. an action summary.

Recording of opinion – whether user, or other professionals – was seen as generally good.

Jargon and short-hand was thought to be generally avoided.

Team has taken initiatives to improve things e.g. creation of a support plan champion whose role is to support other workers in preparing and recording “good” support plans.

New workers do not have any specific induction on recording beyond being told of the recording policy. They then work things out based on comments by managers.

Potential Improvements

New documents need improvement e.g. a clearer way to record SW conclusions and judgements. This may be dealt with through the existing working group.

Training should be mandatory in this field as was previously the case.

Team could develop its own basic tool e.g. a standard “plan of action” which summarises action taken and next actions planned. This used to exist and was beneficial in saving time for people picking up an open file. There is nothing in the new docs like this but nothing to stop a team doing this for itself if it wants to.

Stroud Team
Teamwork

Quick Assessment

There is a good supportive feel in the team. The team is reasonably stable and new people have been incorporated well. Management is seen as positive and engaged with the team and its work. However the OT and hospital SW groups are more distant geographically.

General Points and Evidence

There are strong supportive relations at individual level with no apparent exclusions. There were a number of examples of mutual support and good team working.

The team could identify a number of examples of shared approaches to tasks or issues both within the team and outside it when team members represent team views, e.g. support planning champion, DP champion, representation on documentation WP.

There is a palpable sense of a team effort towards broadly understood goals.
However the shared vision about where the team is going and how it can be developed is compromised by the lack of clarity about future organisation.

There may be an issue about how the OT and hospital SW group are integrated with the broader team. They are only “represented” at team meetings by one person and do not all attend as the SW group are expected to do. The hospital and community tasks are seen as different, despite commonalities. This raises interesting issues as multi-disciplinary groups are seen as the future basis for organisation.

Possible Improvements
None were identified.

Learning Disabilities Enablement Team
Audio Notes - Recording

- Initial Judgement: The team’s running records are good, up to date and appropriate for the task. Links to the main “case file” are more of a problem.
- Although material is scanned into ERIC this is not consistent. This is in part because of the new processes that have been introduced and the team is catching up.
- Quality of assessment records is not always of adequate standard – sometimes too judgemental and maintaining outdated views of user’s capabilities
- At present there is no approach to looking at records across all three LD teams.
- Changes to county procedures hinder good practice, e.g. DOLS and MCA procedures changed without explanation.
- Areas for improvement were – information sharing between teams and recording of positive achievements by customers.

Learning Disabilities Support Planning Team
Audio Notes - Recording

- Initial Judgement: Ongoing recording is consistently present and up to date. Material is regularly and appropriately input onto ERIC. This is supported by evidence of managers and occasions when files have to be looked at in worker’s absence. Content of recording may vary according to individual style and judgement.
- Many of the team has undertaken recording training.
- There is some formal, and much informal, sharing of good practice
- The team’s support plans have attracted no significant negative feedback from customers, and had some positive feedback.
- Recording of user capacity issues may need some improvement and training, although recording of risk is generally good.
- Electronic form system is not as helpful as it could be as the layout breaks down as information is input.

Major Cluster Audit Notes
Forest of Dean Audit and Team Map - Self-directed Support

This document forms the output from the teams’ audit of the county standard for self-directed support. It consists of three aspects plus a blank section that the team needs to fill in. Those completed are

1. The Notes from the audit session
2. A strategic activities map based on the audit
3. Observations by the consultant on the audit and map, for consideration by the team

The next stage is for the team to consider these aspects and decide on the Actions it needs to take.

Notes taken at the Forest Team Audit

For a first effort at reflective audit, the session was very good. There was a reasonable degree of debate and challenge which meant there was a good level of consistency between the notes taken at the time and the individual comments made on “stickies”. That should give confidence that the map is a good basis for further debate. Over time the team will improve on its self-challenge and at identifying the things that need their action. Notes taken at the time summarise the initial judgement and key points of the debate. They were:-
Initial Judgement: Value base is strong. Process of transition is mixed and unstable at GCC level, but it is improving. Promotion of SDS with customers is problematic and time-consuming. Consistency is an issue but it is improving.

There were more examples of good SDS than team first thought they had

Staff are getting used to the concepts but feel hindered by unstable processes/lack of clarity about use of resources for different models of support and (?) financial processes.

There is evidence from files that SU’s get explanations about process but because the process is not very clear consistency is a problem.

It is hard to form a picture of professional’s individual practice.

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**Strategic Activities Map**

**Level 1: Standard**

**All staff promote the maximum possible self determination for customers taking account of their individual circumstances, using the council’s self-directed support and risk enablement policies to facilitate this.**

**Level 2: Themes**

<table>
<thead>
<tr>
<th>Assessment &amp; Support Planning</th>
<th>Engaging with customers</th>
<th>Procedures</th>
<th>Teamwork</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are involving SU's in their assessments and giving them choice about HOW needs could be met</td>
<td>SU's being given more choice and control over their support</td>
<td>We are listening to SU's and families about best outcomes for them</td>
<td>We are keeping people well-informed</td>
<td>Workers accept constructive criticism</td>
</tr>
<tr>
<td>Assessments are better, more detailed and comprehensive</td>
<td>Most of team are looking at choice more creatively</td>
<td>We need to ensure SU's are clear how needs are assessed</td>
<td>Clarity about process and consistency of answers to questions needs improvement</td>
<td>Colleagues are supportive</td>
</tr>
<tr>
<td>We are matching providers to SU needs</td>
<td>Using DP creatively to give SU's choice of home rather than standard block placements</td>
<td>We should be clearer about the many variables that affect outcomes</td>
<td>Guidelines need to be clearer and more accessible</td>
<td>A more regular team discussion would improve how we do things and allow us to benefit from knowledge of colleagues</td>
</tr>
<tr>
<td>We are ensuring criteria are being followed</td>
<td>Not everyone wants to go through such a lengthy process to get support</td>
<td>We need to improve identification of detailed needs and outcomes</td>
<td>Paperwork is repetitive and it takes too long to complete and to get agreement</td>
<td>We need to be better informed about overall changes to organisation</td>
</tr>
<tr>
<td>We are still not looking beyond standard services enough</td>
<td></td>
<td></td>
<td>Relevance within Hospital setting not clearly understood</td>
<td></td>
</tr>
</tbody>
</table>

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Social Care Governance Framework 23
Consultant Observations on the Audit and Strategic Activities Map.

- The primary focus was on procedures not values or key points of intervention. Although this is understandable given recent changes, the key to better user satisfaction is not just applying the Procedures. It is to use the procedures to achieve the highest possible engagement of customers in their assessment, planning their support, and where they wish to in actually managing their support. The team is clearly aware of the importance of these value-based aspects but could do better when it recognises that by looking at how they are doing on these three aspects they can adapt the way they use the procedures e.g. what they record, to support that.

- Like most teams, the Forest team is not absolutely clear on the complex issues of needs vs. wants, and how to define outcomes. These are central to any self-directed support approach and will repay explicit debate within the team.

- There are clear opportunities to engage with other related services especially those who make referrals. Challenging referrals for service as opposed to assessment, encouraging referrers not to raise user expectations on a specific service response etc, should improve user satisfaction, enhance their choice and save time.

- There is a lot of strength in the team as a group and it can be used to improve SU satisfaction as well as for mutual support. Build on group strength.

- One of the keys to self-directed support is well-informed professionals. Customers are often not aware of what is available. In a rural setting support is often more informal and less visible than in urban areas, so local knowledge is crucial. Formal approaches to gathering and sharing that knowledge are vital. Although the team has made a start, this takes consistent effort.

- The process appears to be applied in full in all cases. Is there scope for a more proportional approach?

- The team identified delays in decision-making and queries about whether budgets can be used for new ways of meeting user choice.

This is a vital aspect of self-directed support. The need to change long established ways of organising and controlling activity will come from front-line experience. Some of this can be done at team level but there are opportunities for teams to identify things that are hindering user’s ability to achieve agreed outcomes. This is important information that needs to be passed to the rest of the organisation so that processes can be changed.

Team Planned Actions

1. When a re-referral is received or circumstances in an open case change, we sometimes rely too much on old information rather than doing a full re-assessment. We will avoid this in future by setting a time limit of 2 weeks, and any re-referral or change that happens 2 weeks after the last contact will trigger a full re-assessment.

2. We will always ask the User whether they want to be involved in preparing their support plan. We will always record their answer, because even when they say “no”, they are exercising their right to self-determination.

3. We will always visit customers to discuss the support plan even if we have been asked to prepare it on their behalf. We will discuss the support plan thoroughly with customers face to face before preparing a care plan.

4. We will write a one-page statement about what an assessment involves and how we will conduct it. We will always send this to people seeking an assessment and professionals who refer people for assessment, so that they are clear what we have to do.

5. We will develop a structured information resource of local support and services which is easily accessed and kept up to date. We will identify responsibility for this so that it doesn’t get “lost”.

6. We will consider what meetings or other arrangements we think we will need, as front line staff, to support each other, maintain consistent practice, and learn from each other, in the new organisational structure and office locations. This will inform discussion with managers and staff in other teams.
Cheltenham Audit and Team Map - Self-directed Support

This document forms the output from the teams’ audit of the county standard for self-directed support. It consists of three aspects plus a blank section that the team needs to fill in. Those completed are

4. The notes from the audit session
5. A strategic activities map based on the audit
6. Observations by the consultant on the audit and map, for consideration by the team

The next stage is for the team to consider these aspects and decide on the actions it needs to take.

Notes taken at the Cheltenham Team Audit

For a first effort at reflective audit, the session was good. Initially the team seemed overwhelmed by frustration at the procedures and it was quite hard to identify positive progress although that was possible. The “stickies” were more positive in some aspects but overwhelmingly critical of the procedures which seemed to be equated with SDS although the principles did emerge later. Over time the team will improve on its self-challenge and at identifying the things that need their action. Notes taken at the time summarise the initial judgement and key points of the debate. They were:-

- Initial Judgement: Team is struggling with an unstable procedure and frustrated by delays in seeking approvals. The actual process is seen as time-consuming. Confidence is in short supply and initially the team saw not much prospect of things improving.
- Team members give each other support and there were good examples of bouncing ideas off each other and sharing of ideas about available support or use of budgets.
- Team were able to identify some examples where new approach was having some positive impact though not many so far.
- Sharing of good ideas is currently informal. “Your Circle” is not yet used very much to retain and share knowledge about possible sources of support but some individuals were beginning to look at how it might be used.
- It was felt that early developments were constrained by budgets or closures that resulted but within that context it was recognised that there was greater flexibility for customers in selecting the support they wanted rather than being told what they could have.
- There was no clear picture of how well customers are informed about how their needs are assessed etc. Some good practice was identified along with some ways that things could be improved e.g. a standard letter, sent to all people referred, stating what the next steps were etc.
- A little more optimism by end of audit?
We need to build up better team knowledge about local services and support. Team colleagues support each other, and paperwork is long-winded/boring and costs more time.

Assessments are now more fully written up, and SU’s are starting to think about flexibility of services available. Clarity of information for SU’s on process needs to be better, and process is not clear for workers or SU’s.

We are giving SU’s more choice, DP’s for SDS are positive – with creativity you can try to meet personal choice, and SU’s that can make the choice for SDS have more control over their care and how it’s provided. Provide more info to SU about process from referral > assessment > support plan.

FACE assessment takes too long to be checked and signed by manager to enable an already long process to continue. We need to reduce delays from assessment to provision.

Assessment process is not clear for workers or SU’s. Process is not fit for purpose. We need to build up better team knowledge about local services and support.

We are giving SU’s more choice, DP’s for SDS are positive – with creativity you can try to meet personal choice, and SU’s that can make the choice for SDS have more control over their care and how it’s provided. Provide more info to SU about process from referral > assessment > support plan.

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FACE assessment takes too long to be checked and signed by manager to enable an already long process to continue. We need to reduce delays from assessment to provision.

Provide simple clear guidelines to SU’s and Carers. Management to experience assessment & process for themselves – Back to the Floor! Paperwork is not fit for purpose.

Level 3: Activity

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Process/Procedures</th>
<th>Teamwork</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessments are now more fully written up.</td>
<td>Paperwork is long-winded/boring and costs more time.</td>
<td>Team colleagues support each other.</td>
<td>We need to build up better team knowledge about local services and support.</td>
</tr>
<tr>
<td>SU’s are starting to think about flexibility of services available.</td>
<td>Clarity of information for SU’s on process needs to be better.</td>
<td>Strong team supporting colleagues through changes.</td>
<td></td>
</tr>
<tr>
<td>We are giving SU’s more choice.</td>
<td>Process is not clear for workers or SU’s.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DP’s for SDS are positive – with creativity you can try to meet personal choice.</td>
<td>Provide more info to SU about process from referral &gt; assessment &gt; support plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SU’s that can make the choice for SDS have more control over their care and how it’s provided.</td>
<td>Speed up the process, delays, delays, delays.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ODM can sign off “quick support plans” which speeds up that bit of process.</td>
<td>FACE assessment takes too long to be checked and signed by manager to enable an already long process to continue.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to involve SU in writing their own plan.</td>
<td>Less visits to SU’s for one assessment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More training needed on support plans.</td>
<td></td>
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</tbody>
</table>

**Strategic Activities Map**

**Level 1: Standard**

All staff promote the maximum possible self determination for customers taking account of their individual circumstances, using the council’s self-directed support and risk enablement policies to facilitate this.

**Level 2: Themes**

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Engaging with customers</th>
<th>Process/Procedures</th>
<th>Teamwork</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Level 3: Activity**
Consultant Observations on the Audit and Strategic Activities Map.

- The team seemed overwhelmed by their frustration with the procedures. It took some time before there was any consideration of values or the overall objective of self-directed support. This may be understandable given recent changes and the continued instability of the process but I think it probably caused the team to underrate the work they do. When pressed there were examples of good user experience which is the key issue. However these did not seem to be linked into a coherent understanding of what SDS is about or the stages in the process from assessment to support when the SU should be enabled to take the lead.

- Despite the frustration about procedures there were a number of significant positive statements made about things that are being done well. These appear to demonstrate some stream-lining of decision-making but more significantly suggest that the values underpinning SDS are present. If they can be emphasised and built in to practice more consistently, rapid progress could be made, and I suspect the team would feel better too.

- There is a lot of strength in the team as a group and it can be used to improve SU satisfaction as well as for mutual support. At this stage sharing of information about available support and different ways of providing it is being done informally. “Your circle” is intended to provide a more formal opportunity which should be more reliable since it doesn’t depend so much on who is around when a SW needs to talk through a problem. If it doesn’t work the team will need to explore other ways to make sharing more formal. Although the team has made a start, this takes consistent effort.

- The team had a number of ideas about how SU’s could be better informed. Although some of these can best (possibly only) be dealt with across the whole Service, there are things the team could do without a great deal of effort, e.g. developing its own standard letter sent to all people referred for assessment.

- It is a bit surprising that the team did not make more reference to multi-disciplinary issues in their “stickies” as this was referred to in the discussion and again, in more detail, when discussing Risk. Other professional’s understanding and contribution to developing SDS could be crucial.

- The team identified delays in decision-making and queries about whether budgets can be used for new ways of meeting user choice. This is a vital aspect of self-directed support. The need to change long established ways of organising and controlling activity will come from front-line experience. Some of this can be done at team level but there are opportunities for teams to identify things that are hindering user’s ability to achieve agreed outcomes. This is important information that needs to be passed to the rest of the organisation so that processes can be changed.

Team Planned Actions

Learning Disabilities Assessment Team Audit and Team Map – Self-directed Support

This document forms the output from the Teams’ Audit of the County Standard for Self-Directed Support. It consists of three aspects plus a blank section that the team needs to fill in. Those completed are

1. The notes from the audit session
2. A strategic activities map based on the audit
3. Observations by the consultant on the audit and map, for consideration by the Team

The next stage is for the team to consider these aspects and decide on the actions it needs to take.

Notes taken at the Enablement Team Audit

Notes taken at the time summarise the initial judgement and key points of the debate. They were:-

- Initial Judgement: Although the potential of the new SDS approach is recognised, over the past year there have been confused messages which have held back developments. The protracted organisational changes have also delayed things. The structure and processes just introduced have led to some professional
practice issues which the team is identifying but has not yet begun to address in an ordered way.

- The council’s process for assessment has only recently been settled and still feels unstable, not just to front line staff but to their managers as well.

- Assessment practice is felt to be ‘reasonable to good’, and are seen to have improved in their detail, focus on need and avoidance of service driven options.

- On the other hand, staff feel constrained and worried by their inability to say what resource is available to meet identified needs. This results in too much focus on the Indicative Budget rather than user needs.

- The general view of SDS philosophy is positive and thought to be well communicated to users. However there is real concern about opening up options that are unlikely to be achievable within the IB.

- There is limited focus on resources that may be available from outside the LA or other state funding, which might meet some of the user’s objectives and needs.

- Some users are choosing to plan their own support.

- Critically, the role of the Assessor in the new structure, the boundaries of their task, and recognition of the parts of the role which are not to do with assessment, e.g. safeguarding or emergency intervention, are not clear either to the team or the other component parts of the system both within the LA and elsewhere. The structure has changed but there seems to have been less attention to what the staff actually does within it.

- Risk is believed to be well managed generally. The FACE section is always completed and to a reasonable standard of detail. On the other hand there is much less confidence about assessing user capacity. It is less clear when and how to use the county’s process.

- Relations with the CLDT are good and generally positive but there is little understanding among health colleagues of how the Council’s new structure and processes are intended to operate and therefore no understanding of how that impacts on referrals etc.

**Strategic Activites Map**

Following the thinking done at the Team discussion I have tried to collate your comments on “stickies” into a draft Map of the Strategic Activity Streams that you identified NOW either as things you are doing well or things you should do better.

The idea of Strategic Activities Maps is that they give you an Aide Memoire which can help you focus on developing practice and performance in a broad sense, when the daily workflow is pulling you towards endless detail, numbers and processes. They are not for daily use, but perhaps referred to once a month as part of a short “reflection”. Ideally the Map would be developed over time by the Team and used to give everyone a picture of where their efforts fit in and what they should be focusing on as professionals even without the Manager pushing them.

**Reminder**

Level 1 is the Standard you considered, in this case Self-Directed Support. It is fixed.

Level 2 is a set of headings which reflect clusters of Strategic Activities identified in Level 3 which form Themes which all the team need to focus on continuously.

Level 3 are the strategically important activities you identified in your first team discussion, which build up to the Theme heading in Level 2.

You develop a Strategic Activities Map by selecting the Standard you are working on (Level 1); identifying the strategic activity streams both those done well and those needing improvement (Level 3) – stickies make collation easier; collating the strategic activities to produce Themes for Level 2.

On the next page is your Map. Level 3 shows your stickies – colour-coded so that Green = currently ok; grey = needs improvement; and Orange = someone outside the Team needs to take this on. **N.B. there are three comments in a blue colour. This is because I interpreted the comments to be recognition that there was potential**
positives which the general discussion suggested were not yet actually realised. I have aggregated a few duplicate comments into one summary in a couple of areas, so not everyone will recognise all their own comments.

Use the Map as the basis for regular team reflection about how things are going. Aim to ensure everyone understands the main

Themes and retains a focus on them when the daily workflow is high. Remember that it is intervening regularly and making slight changes in the way frequent tasks are done that makes the difference over time.

Finally, never assume that something that is ok now will stay that way!

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**Strategic Activities Map**

**Level 1: Standard**

All staff promote the maximum possible self determination for customers taking account of their individual circumstances, using the council’s self-directed support and risk enablement policies to facilitate this.

**Level 2: Themes**

<table>
<thead>
<tr>
<th>Assessment Practice</th>
<th>Processes</th>
<th>Risk</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are doing detailed and good quality, holistic assessments</td>
<td>Definition of the assessor’s role</td>
<td>Really looking forward to clear process and knowing role in a wider system</td>
<td>We are giving clear justification for decisions using FACE</td>
</tr>
<tr>
<td>When IB available user has choice and control</td>
<td>Need further clarification on risk and capacity assessments and recording. 3 comments</td>
<td>Process clarification for workers and for customers</td>
<td>Need clearer, more specific recording of assessed risks and how they will be managed.</td>
</tr>
<tr>
<td>Potential for more involvement of customers and greater creativity, looking outside the box.</td>
<td>FACE recording of risks needs better detail</td>
<td>Too many people involved in process for Customers and Carers to understand</td>
<td>Measurement of SDS needs clarification. By Direct Payments? By self planned support?</td>
</tr>
<tr>
<td>Need Training on capacity assessment</td>
<td>Process still needs a lot of clarification. 4+ comments</td>
<td>Some assessments not holistic</td>
<td>What role is Commissioning playing in Quality Assurance?</td>
</tr>
<tr>
<td>Some assessments not holistic</td>
<td>Less stops on the customer journey.</td>
<td>Confusion with LD RAS and IBs not working</td>
<td>Service customers need to be more involved in Planning and Delivering services</td>
</tr>
<tr>
<td>Giving people IB when they request it</td>
<td>More involvement of customers and greater creativity, looking outside the box.</td>
<td>Need to consult multi-agency colleagues and explain new process.</td>
<td></td>
</tr>
</tbody>
</table>

---

Commentary:

- POSITIVES WHICH THE GENERAL DISCUSSION SUGGESTED WERE NOT YET ACTUALLY REALISED. I HAVE AGGREGATED A FEW DUPLICATE COMMENTS INTO ONE SUMMARY IN A COUPLE OF AREAS, SO NOT EVERYONE WILL RECOGNISE ALL THEIR OWN COMMENTS.

- USE THE MAP AS THE BASIS FOR REGULAR TEAM REFLECTION ABOUT HOW THINGS ARE GOING. AIM TO ENSURE EVERYONE UNDERSTANDS THE MAIN THEMES AND RETAINS A FOCUS ON THEM WHEN THE DAILY WORKFLOW IS HIGH. REMEMBER THAT IT IS INTERVENING REGULARLY AND MAKING SLIGHT CHANGES IN THE WAY FREQUENT TASKS ARE DONE THAT MAKES THE DIFFERENCE OVER TIME.

- FINALLY, NEVER ASSUME THAT SOMETHING THAT IS OK NOW WILL STAY THAT WAY!
Consultant Observations on the Audit and Strategic Activities Map.

- The team has undergone significant change in role and management. It has just started developing a new process which has been poorly implemented across the County. Not surprisingly morale seems low but more importantly so does confidence. There doesn’t seem to be a philosophical problem with SDS, and the components of the SW role are well-understood but there is a major gap in understanding, particularly how the new separation of assessment and support planning is supposed to work.

- There is an urgent need to start filling in this gap, which the team is well-placed to initiate. Doing that would help clarify some aspects of the relations between different elements of the overall system as well as allowing a confident approach to other agencies like CLDT. Coincidentally it would probably help staff confidence at the same time.

- It’s hard to assess whether the comments about the process and its complexity are just the same as the similar comments from other teams or there is something specific about LD. Certainly the issue of RAS and IB seems a specific one for LD and therefore needs more detailed exploration.

- The discussion and comments about risk suggest a confidence and capacity for looking at personal practice on a specific aspect of professional practice that is very positive.

Team Planned Actions

1. Organise training in assessment and management of mental capacity and MCA. (Done @ 12/11)

2. Prepare local process maps and material on assessment process so that all staff are clear how the County procedure is to be operated within LD service. (In hand @ 12/11)

3. Prepare and distribute material to inform referral agencies about what the team’s role is, how it fits within the overall service and what referrals are appropriate.

4. Prepare local practice guidance on handling of Safeguarding referrals when received through Duty Desk.

Learning Disabilities Enablement Team Audit and Team Map – Self-directed Support

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3. Observations by the Consultant on the Audit and Map, for consideration by the Team

The next stage is for the team to consider these aspects and decide on the actions it needs to take.

Notes taken at the Enablement Team Audit

Notes taken at the time summarise the initial judgement and key points of the debate. They were:

- Initial Judgement: Organisational changes are leading to better co-ordination of existing and new resources. Promoting self-directed support has already led to some success stories, and word of new and better experiences is spreading to users and carers. Both Community Links and Open Access drop in offer good self-directed approach.

- The new open access drop in service is leading to contact with people who were not previously known, i.e. support is being given to new, self-funding people. Monitoring of the choices made by people via Drop-in has enabled good examples of new support being developed based on expressed wishes of users, e.g. model-making.

- Referring organisations are getting tuned in to the new model and becoming more engaged.

- Changes to the review and planning processes have begun but it is still early stages for the new structure so these are not fully established.

- This is a supportive team with good sharing of skills and knowledge.

- There are clear expectations on risk
assessments, including how and when they should be undertaken. The team is reasonably confident that they are completed comprehensively as needed. Managing Carers views of risk is problematic and could be improved, although efforts are being made to address this it is mainly being done on a case by case basis not by broader attempts to shift understanding.

- Views of Carers present the main block to development of more flexible support.

**Strategic Activities Map**

Following the thinking done at the Team discussion I have tried to collate your comments on “stickies” into a draft Map of the Strategic Activity Streams that you identified NOW either as things you are doing well or things you should do better.

The idea of Strategic Activities Maps is that they give you an Aide Memoire which can help you focus on developing practice and performance in a broad sense, when the daily workflow is pulling you towards endless detail, numbers and processes. They are not for daily use, but perhaps referred to once a month as part of a short “reflection”. Ideally the Map would be developed over time by the Team and used to give everyone a picture of where their efforts fit in and what they should be focusing on as professionals even without the Manager pushing them.

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<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Philosophy and development</td>
<td>Communication</td>
<td>Carers</td>
<td>Teamwork</td>
<td>Risk</td>
</tr>
</tbody>
</table>

**Level 3: Activity**

- We are developing new activities based on users’ interests
- We are promoting friendships to grow outside the Drop-in
- We are delivering services which promote inclusion in the community
- Picking up people who have been through Community Links but assessment still needed
- What happens to people whose needs are not met by new services?
- More personalised budgets when SU requests
- Team is trying hard to apply an individualised approach
- Service users are more independent
- There are visible improvements in users’ confidence and self-esteem
- Need to reduce number of users who sit in drop-in all day
- Can’t always find suitable activities, so service is still a compromise between availability and wants
- May not be able to meet expectations
- We are good at gathering information about the person and listening to their needs
- We are good at recording and communication
- Paperwork still unclear and time-consuming
- Families & carers putting obstacles in way and preventing individual progress
- Service users becoming restricted by family constraints
- We need a clear process on what to do if carer disagrees with SU independence
- We are involving family and carers positively
- Better understanding of process for carers, particularly where users have been in the system for years
- Clearer expectations of new staff
- Team works well together
- Staff team is supportive and enthusiastic
- We have a positive approach to risk taking, which is enabling users to access community activities independently
- Team can be over protective of some SU’s due to persistent contact by carers
Consultant Observations on the Audit and Strategic Activities Map.

- The team is new and engaged in a new approach. The “pioneer effect” was clear with high levels of motivation and enthusiasm. The positive feedback provided by early success stories will carry that forward for some time.

- When the new approach becomes the norm, enthusiasm will cease to be such a strong driver. At that point, routines of planning and review become critical to continued development. At present these appear less developed and comprehensive than they will need to be in future. As a result it is hard to see an overall picture of how the shift in emphasis is affecting the whole population of users. There is a risk that the early successes are not typical and it will be more difficult to make such progress with users who come later.

- On the other hand there is some clear strength to build on. Monitoring users of the Drop-in in order to drive new developments is precisely how the philosophy is supposed to operate.

- The issue of carer resistance is well-known and exists everywhere. At present the approach to changing that is at individual level. There is scope for greater effort at a broader level, using newsletters, consultation meetings, fact-finding trips etc to try to change the culture of carers collectively. It isn’t easy but it does help when individual circumstances come to be considered.

Team Planned Actions

1. Organise training for team members in handling Mental Capacity issues and MCA. (Done @12/11)

2. Develop Shared Drive and improved ways of using ERIC to enable staff to access and share information on users more effectively and economically. (Done @: 12/11)

3. Improve quality and format of User Action Plans to meet needs of both Enablement Team in providing support and other teams in terms of ensuring robust assessment and review. (Target Draft Action Plan Format by 2nd week January, discussion within team by 3rd week February, and Implement from mid-March)

4. Clarify place of Enablement within the Review process.
   a. Ensure that all Users actively supported by team have their situation reviewed at defined interval.
   b. Ensure that Enablement staff are clear when to trigger a Review or Reassessment by other teams and are active contributors to Reviews or Reassessments

5. Build on good data collection about user’s needs and preferences to actively extend the range of support the Team is able to offer

6. Prepare and distribute material on the Team's remit to other Agencies and those who refer potential users.
Appendix 3

Relationship between SCIE Core Elements and Gloucestershire’s Standards

Adult Services began development of its Governance Framework by looking at the SCIE model. This is set out in the SCIE publication “Social Care Governance: a workbook based on practice in England”. Since then Gloucestershire has developed its own standards, i.e. those in Section 2. It has also developed its own processes for examining performance against the Standards. However the link with the broad SCIE ideas about Governance remains. SCIE identified 4 broad elements that need to be included in a comprehensive approach to Governance. These are:

- Leadership and Accountability
- Safe and Effective Practice
- Accessible, Flexible and Responsive Services
- Effective Communication and Information

There are clear links between the Standards developed by Gloucestershire and these themes, which are shown in the diagram below.
Acknowledgements:

Project Sponsor: Dave Martin, Interim Group Director

Social Care Governance Framework Implementation Group:
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Keith Vardy, Support Planning team
Amanda Henderson, Assessment team
Dena Boucher, Enablement team

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