



Item No: 18

Meeting Date: Wednesday 22nd September 2021

Glasgow City Integration Joint Board

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Glasgow City HSCP: Acute Delays Associated with Adult with Incapacity (AWI) and Improvement Actions

Purpose of Report:	The purpose of this report is to describe the HSCP's: i) responsibilities in relation to adults with incapacity (AWI) awaiting discharge from Acute hospital; and, ii) its performance improvement activity relating to AWI delayed discharges from Acute hospitals.
Background/Engagement:	Where a hospital patient is deemed clinically fit for discharge (FFD) and where they require support beyond home care or other community services, a referral is made by ward staff to the HSCP's dedicated Social Work Hospital Discharge Team. A range of available pathways have been developed to support timely discharge, at all times applying the 'home first' principle. The discharge pathways include: • HSCP Care Services (Homecare, Telecare, Responder Service) • Supported Living Services • Housing Options for Older People (HOOP) • Rehabilitation Services and Community Rehabilitation Service • Intermediate Care • HSCP Residential Care hospital discharge pathway • Carers support.

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Recommendations:	The Integration Joint Board is asked to: a) note the HSCP's responsibilities in relation to the Adults with Incapacity (Scotland) Act 2000; b) note the increase in delayed discharges since the closure of 60 offsite AWI beds in January 2020 following a legal challenge by the Equality & Human Rights Commission; and c) note the HSCP's improvement focus, captured in the AWI Improvement Plan and associated documents and resources.
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Relevance to Integration Joint Board Strategic Plan:

Minimising delayed discharges contributes to the efficient performance of the Acute sector and is a strategic priority within the IJB's Strategic Plan 2019-22.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Particularly relevant in relation to indicators 2, 3, 4 and 9.
Personnel:	No implications.
Carers:	No implications.
Provider Organisations:	No implications.
Equalities:	No implications.
Fairer Scotland Compliance:	Not applicable.
Financial:	Is material to the wider debate around set aside.
Legal:	No implications.
Economic Impact:	Not applicable.
Sustainability:	Not applicable.
Sustainable Procurement and Article 19:	Not applicable.
Risk Implications:	Delayed discharges present a risk to the efficient running of the Acute system.

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Implications for Glasgow City Council:	High hospital discharge demand impacts on social care budgets, particularly home care and purchased care home budgets.
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Implications for NHS Greater Glasgow & Clyde:	Improved delayed discharge performance is a strategic priority for NHSGGC.
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Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☒
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1. Purpose

The purpose of this report is to describe the HSCP's:

- i) responsibilities in relation to adults with incapacity (AWI) awaiting discharge from Acute hospital; and,
- ii) its performance improvement activity relating to AWI delayed discharges from Acute hospitals.

2. Background

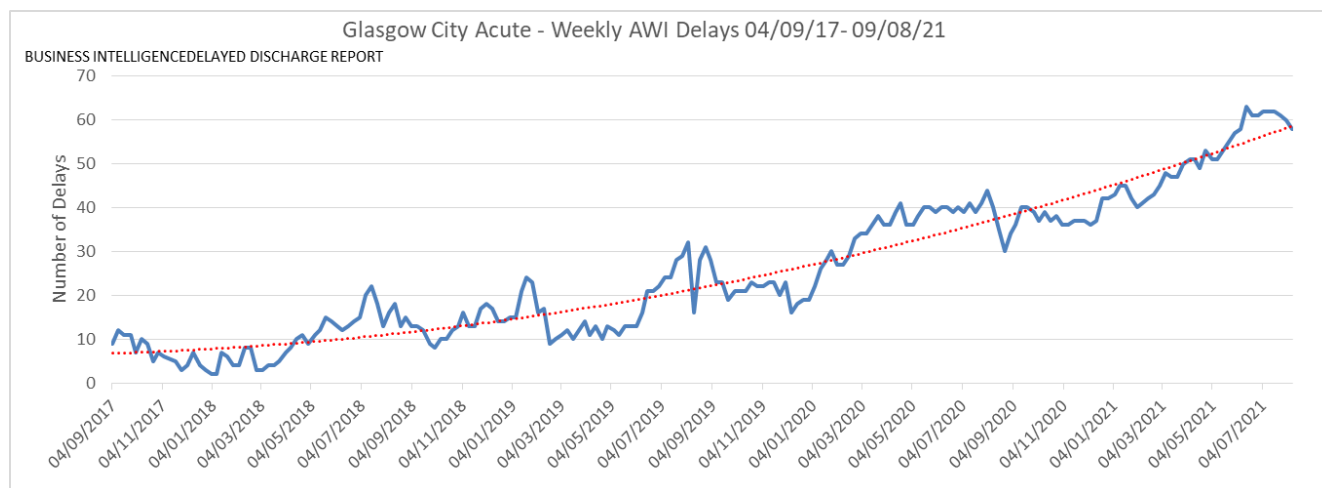
- 2.1 Where a hospital patient is deemed clinically fit for discharge (FFD) and where they require support beyond home care or other community services, a referral is made by ward staff to the HSCP's dedicated Social Work Hospital Discharge Team.
- 2.2 At this juncture the HSCP team considers the range of available pathways that have been developed to support timely discharge, at all times applying the 'home first' principle. The discharge pathways include:
 - HSCP Care Services (Homecare, Telecare, Responder Service)
 - Supported Living Services
 - Housing Options for Older People (HOOP)
 - Rehabilitation Services and Community Rehabilitation Service
 - Intermediate Care
 - HSCP Residential Care hospital discharge pathway
 - Carers support.
- 2.3 A person-centred ethos applies, whereby individuals are supported to be fully informed and involved in the decision-making process relating to their discharge from hospital.
- 2.4 However, in circumstances where the patient has been clinically deemed to lack capacity to participate in that decision-making process, the HSCP must fully consider the legal basis for discharge to ensure the rights of individual are upheld.

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- 2.5 The Adults with Incapacity (Scotland) Act 2000 (AWI Act) provides a legal framework to safeguard the welfare and financial affairs of individuals who lack capacity. Specifically, it directs that any interventions must benefit the individual, take account of past and present wishes and take full consideration of least restrictive options.
- 2.6 At the same time, all empirical evidence indicates that prolonged hospital stays beyond the FFD point are detrimental to the physical and emotional wellbeing of patients, particularly those of advanced years and physically frail. However, where appropriate (13ZA, Power of Attorney or guardianship) powers¹ cannot be applied to make decisions on behalf of a patient lacking capacity, it can result in a prolonged delay in discharge, typically of many months. As this report will go on to detail, AWI-related delays consume by far the greatest level of hospital bed days associated with delayed discharge.
- 2.7 In an attempt to reconcile the dual imperatives of meeting AWI requirements and enabling speedy discharge, in 2016 NHSGG&C commissioned 60 offsite beds at Darnley Court and Quayside Care Homes. With medical consultant and GP cover, these beds were designed to enable individuals to be supported offsite in a homely setting pending the confirmation of guardianship powers. The introduction of these resources resulted in a steady reduction the number of individuals who were delayed in hospital.
- 2.8 Following a legal challenge by the Equality & Human Rights Commission (EHRC) the 60 offsite AWI beds were closed to new admissions in January 2020. This had an immediate impact on the number of AWI-related delayed discharges, which has since trebled (see chart 1).

Chart 1 – Weekly AWI Delays



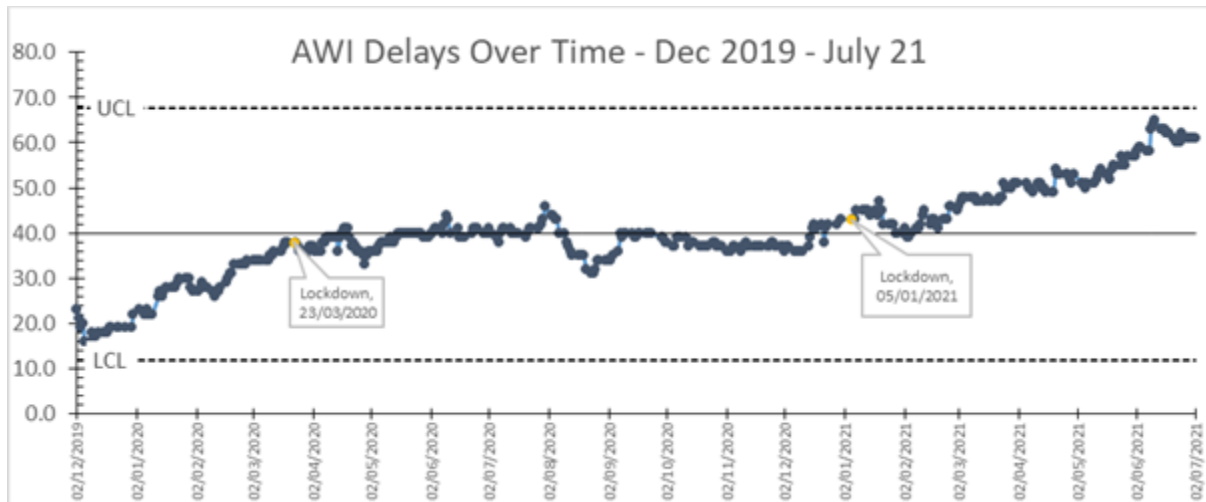
- 2.9 Chart 2 demonstrates the impact the pandemic had in initially slowing this increase. This reflects the reduced levels of admission to hospital during

¹ 13ZA of the Social Work (Scotland) Act 1968 clarifies where a local authority can provide community care services for someone who lacks capacity when a guardianship order is not in place. A legally appointed Power of Attorney (POA) can make decisions on your behalf when you lack capacity. Guardianship orders provide powers to those appointed as guardians to make financial and welfare decisions on behalf of the individual lacking capacity.

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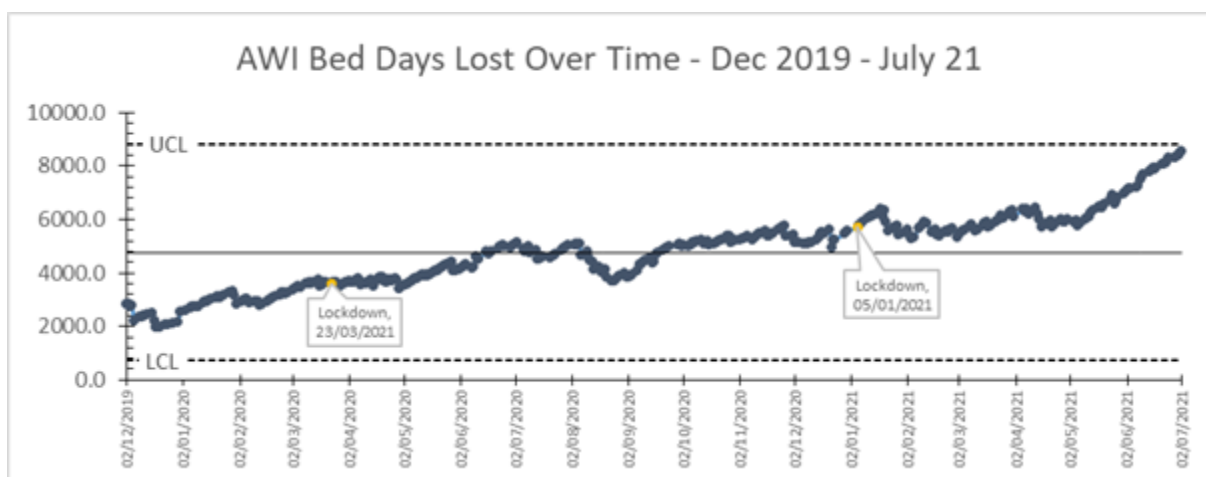
lockdown. However, since February this year increased levels of hospital admission have been accompanied by a sharp increase in the number of AWI-related delayed discharges.

Chart 2 – Pandemic Impact



- 2.10 Chart 3 confirms the same trends are reflected in bed days lost to AWI during the same period. These numbers reflect the cumulative total of bed days associated with delayed patients on the specified dates. These confirm an increase of over 400% in bed days lost since the closure of the offsite beds. This equates to an increase of over 6,000 bed days – equivalent to around 6.5 typical 30 bed hospital wards. This represents a hugely significant pressure on the Acute system.

Chart 3 – Bed Days Lost to AWI

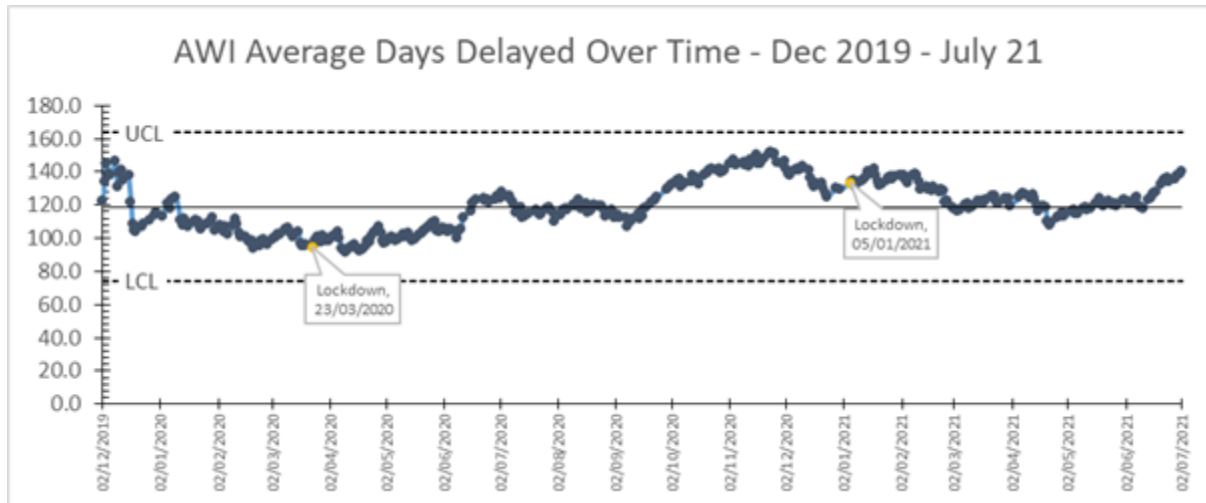


- 2.11 Chart 4 below indicates that a modest reduction in average bed days lost associated with AWI delays has been achieved, albeit in this context of rapid growth in overall numbers. This improvement has taken place during a

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pandemic that has created further barriers to speedy progress, including reduced court capacity for guardianship hearings, reduced Office for the Public Guardian (OPG) capacity and at times, the capability of families, private solicitors and other relevant actors to act as quickly as they might wish to.

Chart 4 – Average Duration of AWI Delays



3. Glasgow City HSCP AWI Improvement Plan

- 3.1 Given the profoundly negative impact of delayed discharge on both individual patient wellbeing and hospital capacity, the HSCP has put in place a concerted performance improvement focus. This is captured in a 21-point action plan (Appendix 1) informed by national best practice and peer learning, the core elements of which are described below.
- 3.2 However, it is important to be clear that there are limits to the control the HSCP can exert in relation to the desired reduction in the number and duration of AWI delays. Some common factors beyond the full control of the HSCP include court dates and capacity; the speed with which families and private solicitors take required actions; OPG capacity; family disputes etc.
- 3.3 One impactful measure taken by the HSCP in response to the closure of the offsite AWI beds was the commissioning of a range of discharge to assess supports in both the community and care homes that resulted in a significant reduction in delayed discharges due to ISD codes 11B (awaiting assessment) and 27A (awaiting intermediate care placement). The positive impact of these measures are reflected in charts 5 and 6 below. Whilst not all of this improvement relates to adults lacking capacity, they do account for some of this patient cohort. The concerted application of 13ZA and POA has resulted in the discharge of a number of AWI patients who might otherwise have become significantly delayed in hospital.

Chart 5 – Code 11B Delayed Discharges

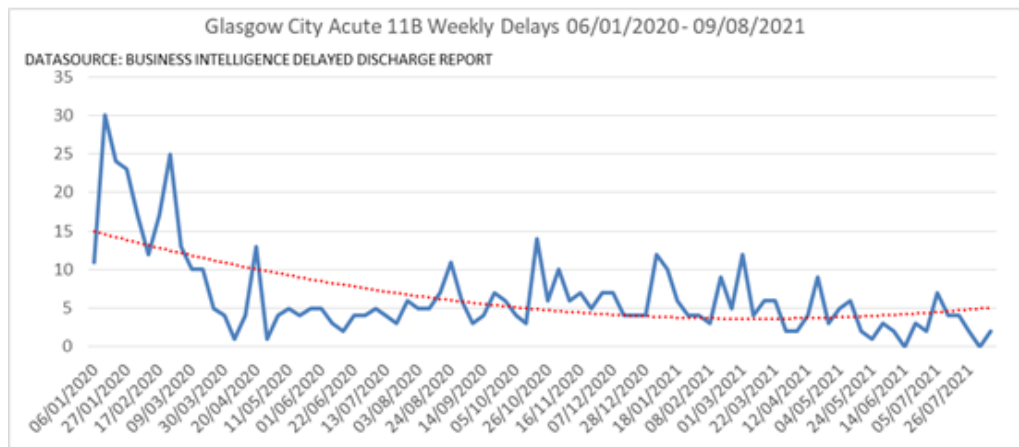
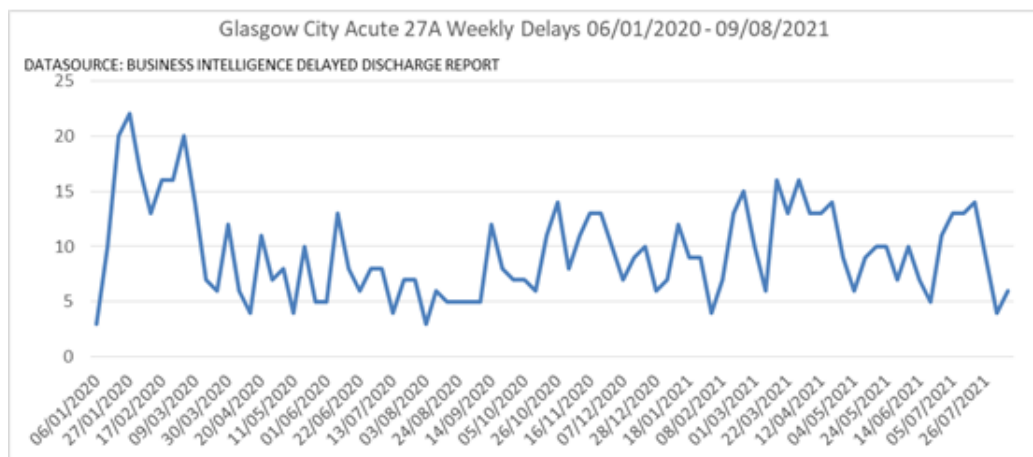


Chart 6 – Code 27A Delayed Discharges



3.4 The 21 action points in the HSCP's AWI improvement plan are structured around three key strands of activity:

- i) Prevention/Early Intervention and Preparation
- ii) Effective Monitoring and Reporting
- iii) Social Work and Mental Health Officer (MHO) Practice Development.

4. Prevention/Early Intervention and Preparation

- 4.1 Glasgow has provided national leadership on the active promotion of POA as a preventative measure in relation to AWI. The POA Campaign that began in the city in 2013 has evolved into a successful national campaign supported by almost all 32 HSCPs.
- 4.2 In the 10 years between 2000-2010 around 175,000 people registered a POA with the Office of the Public Guardian in Scotland – an average of 17,500 per year. In 2019 this annual figure had grown to over 69,000.

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- 4.3 By design the POA campaign is a broad preventative measure (i.e. many POAs may never be required to be applied in practice), so its impact on reducing the number of AWI delays cannot be precisely calculated. However, the significant increase in those with POA powers has been noted by the HSCP Hospital Discharge Team.
- 4.4 Efforts to promote POA continue. The HSCP has established a multi-agency stakeholder group to scope and identify the current knowledge of staff regarding POA and the requirement for additional training/ practice development. Staff development resources will be launched on POA Day 2021 on 30 September.
- 4.5 Further, in recognition of the lower uptake of POA in areas of social deprivation, the HSCP is working in partnership with the third sector and Community Law Centre partners on a test of change (TOC) to promote POA in hard-to-reach groups where cost may be a particular barrier. This work is being underwritten by substantive HSCP funding.
- 4.6 An independent evaluation of the TOC will seek to consider:
- With which conditions are people most commonly in the situation of having an extended hospital stay because no POA is in place?
 - Which age groups are most affected?
 - What are the links between geography, health inequality and the conditions people are admitted with, and having a POA in place?
- 4.7 The TOC will include engagement with families who have experienced the guardianship process and with carer and other third sector organisations to establish their capacity to promote POA more systematically.

5. Effective Monitoring and Reporting

- 5.1 For those individuals where 13ZA and POA have been exhausted as options, guardianship powers are sought to enable long-term welfare decisions to be taken that enable the speediest possible discharge from hospital.
- 5.2 Guardianship in itself can be a prolonged and fraught process, involving many actors beyond the patient and HSCP staff; i.e. medical consultants, advocacy services, GCC Legal Services, families/ carers, private solicitors, courts, OPG etc.
- 5.3 HSCP practice is to exhaust the option of family/ carer guardianship applications. Where this is not possible or is taking much longer than is satisfactory, the HSCP itself (Glasgow City Council as legal entity) will apply for guardianship powers that will enable it to take welfare decisions on behalf of the delayed patient.

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- 5.4 As per chart 7 below, there are multiple steps in the guardianship process, involving the multiple actors described above. To ensure those steps are taken timeously by all of the actors involved the HSCP has developed an AWI tracker to record and track all milestones in the AWI process.

Chart 7 – AWI Tracker (Patient Level)

Current Patients	Case Conference	Solicitor Appointed	Legal Aid Awarded	MHO Requested	MHO Appointed	DSR/GA Complied	DSR/GA Completed	Med Reports Requested	Lodged at Court	Court Date Set	Pending	TOTAL
NE	2	2	0	1	5	0	5	3	0	5	0	23
NW	0	3	0	1	3	0	1	3	3	2	0	16
S	1	3	1	0	4	0	1	6	2	1	0	19
CITY	3	8	1	2	12	0	7	12	5	8	0	58

- 5.5 In response to the growth in AWI-related delays since the closure of the offsite beds the HSCP has appointed an AWI Resource Worker to track and chase progress where there is evidence of drift at any point in the guardianship process. This includes early follow up discussions with families, private solicitors and HSCP staff, including Mental Health Officers.
- 5.6 In addition to this individual patient-focused activity, the whole system performance monitoring function is supported by an AWI Dashboard which tracks key trends and identifies specific opportunities for performance and practice improvement. Chart 8 provides a high-level capture of the Dashboard.

Chart 8 – AWI Dashboard (System Level)

Current Patients	Total Patients	Bed Days lost	Ave Bed Days Lost	Top 3 Delay Reasons		
				Reason 1	Reason 2	Reason 3
NE	23	3,972	173	Solicitor Delay(2)	Court Date Deferred (2)	Family Delay (1)
NW	16	1,920	120	Solicitor Delay(2)	Family Delay (1)	Awaiting Medical Reports (1)
S	19	2,488	131	Solicitor Delay(3)	Court Delays (2)	Family Delay (1)
CITY	58	8,380	144			

- 5.7 The HSCP holds a weekly Acute Delays and AWI performance meeting, chaired by the lead Head of Service, which focuses on joint problem solving and follow up required for individual guardianship applications.

6. Social Worker and MHO Practice Development

- 6.1 The actions under this strand of the AWI Improvement Plan focus on Social Worker and MHO practice to ensure all have knowledge of the available legislative options, including 13ZA, Interim Guardianship Orders and Removal Orders.
- 6.2 Social work practice has been developed to promote proactive conversations with individuals, their families, multi-disciplinary teams and advocacy services to support optimisation of 13ZA in particular. This approach has enabled discharge to be progressed for many individuals lacking capacity where neither guardianship powers nor POA were in place.

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- 6.3 The HSCP is committed to a development programme to support best Social Work and MHO practice and ensure comprehensive awareness of staff in relation to supporting adults with incapacity. This work is being led by the MHO Governance group supported by the MHO Training Officer.
- 6.4 Glasgow City HSCP has by far the highest number of AWI-related delays in the country. To understand why this is the case and to identify any potential improvements to clinical and professional decision-making, a peer audit is planned for autumn. Two 'AWI best practice' HSCPs have been approached to participate in the peer review, which will engage senior medical consultants and social work operational leads from across the 6 NHSGG&C HSCPs and the external peer HSCPs. Once ready the conclusions from the peer review will be incorporated into the AWI Improvement Plan.
- 6.5 A joint audit of AWI practice by NHSGG&C and Glasgow City Council Internal Audit is planned for later this year. Any audit recommendations will be incorporated into the AWI Improvement Plan.

7. Mental Welfare Commission Report - Legal Authority to Discharge

- 7.1 Earlier this year the Mental Welfare Commission published its national audit of social work practice in relation to legal authority to discharge. The audit reviewed a sample of hospital to care home transfers across Scotland during the early stage of the pandemic to establish if they were completed in accordance with the law.
- 7.2 The AWI Improvement activity outlined above appears to have supported a positive outcome for Glasgow City as the review evidenced no examples of deprivation of liberty and confirmed the consistent application of appropriate legal powers to support discharge. Wider learning from the audit has been incorporated into the AWI Improvement Plan.

8. Summary

- 8.1 Delayed discharges relating to adults with incapacity are profoundly detrimental to the interests of both the individual patient and to hospital capacity, owing to their typically long duration.
- 8.2 The HSCP must operate within the parameters of the Adults With Incapacity (Scotland) Act 2000. Only the Scottish Government, via legislation in the Scottish Parliament, has the power to alter the legislative framework the HSCP must operate within.
- 8.3 The number of AWI delays in Glasgow City has increased sharply since the closure of 60 offsite AWI beds in January 2020 following a legal challenge by the EHRC.

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- 8.4 Whilst not able to exert full control over this HSCP has sought to systematically use its influence to minimise both the number and duration of AWI delays. This activity is directed by a 21-point AWI Improvement Action Plan and its impact is actively monitored by the AWI Dashboard. Without this activity the AWI delayed discharge number would doubtless be significantly higher again than it currently is.
- 8.5 AWI practice is subject to significant audit scrutiny, exemplified by the activity described in section 7.

9. Recommendations

- 9.1 The Integration Joint Board is asked to:
- a) Note the HSCP's responsibilities in relation to the Adult with Incapacity (Scotland) Act 2000;
 - b) Note the increase in delayed discharges since the closure of 60 offsite AWI beds in January 2020 following a legal challenge by the Equality & Human Rights Commission; and
 - c) Note the HSCP's improvement focus, captured in the AWI Improvement Plan and associated documents and resources.

Glasgow City HSCP AWI Development & Performance Improvement Plan,**July 21 Up-date**

Area for Action	Proposals	Actions Agreed	Timescale
<i>Prevention& Preparation</i>	1. POA Campaign- continue to use and promote the campaign to raise awareness of POA & up-take.	National POA campaign now in 3 rd and final year. Paper to HSC Scotland Chief Officer Group in August 2021 requesting a further 3 year campaign.	July 2021
	Promote early conversations regarding POA and AWI across a range of professionals and agencies. Early discussions with families, service users about capacity, legal options emended in practice & provide information to support the up-date of Power of Attorney.	Key stakeholders include Post diagnostic Support, HSCP, Housing and Primary Care staff, Carers Services. Identify areas for improving awareness and develop an engagement and communication plan (including ACP material and practice). Consideration of financial cost of POA/Private Guardianship and whether there is an augment to consider the use of public funds to assist applications.	

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Area for Action	Proposals	Actions Agreed	Timescale
	Explore the potential role of Legal Services and opportunities to utilise their expertise to improve the AWI process. Effective Partnership Arrangements with Private Solicitors: Identification of solicitors who specialise in AWI work made available to families via Law society website or other acceptable media. Information to support the progress of Guardianship applications. Communication materials support individuals, their families and agencies to co-ordinate respective contributions to the AWI Process.	Joint discussion with Legal Services regarding the AWI action plan and identify opportunities for process improvement- including contribution at case conference. Liaison with Law Society to increase prominence of list of solicitors on their website who regularly carry out work to support Review the suite of literature utilised by North Lanarkshire Council to support and inform families with the Guardianship process. Adapt literature to suite the Glasgow City HSCP agenda and implement in practice	Review August 21 Review Sept 2021 Reviewed target date for completion Nov 21

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Area for Action	Proposals	Actions Agreed	Timescale
<i>Practice reflects full use of options available via legislation including 13za, Interim Orders, Removal Orders & understanding of report requirements.</i>	Staff are enabled to ensure a range of legal options are used, where possible, as an alternative to Guardianship- i.e. 13ZA, Intervention Orders, Removal Orders to support care provision, discharge and tenancy matters.	13za Practice Guidance has been developed and a range of briefings have been delivered to relevant staff (including the Hospital SW Team). Develop practice guidance and arrange briefings/ training to ensure practitioners are aware of other legal options- Intervention Orders, Removal Orders. Continue to ensure the use of 13za is optimised via ongoing application of the protocol and include AWI and 13za practice induction for <u>ALL</u> new staff SW staff. Progress an external peer audit of Glasgow City's 13za, AWI practice decision making to benchmark practice and determine developments required. . Review Guidance when available from the MWC regarding capacity and <u>tenancy agreements/ termination</u> and consider potential application of interim powers in partnership with Legal Services.	September 21 Nov 2021 Pending MWC – review Nov 21

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Area for Action	Proposals	Actions Agreed	Timescale
	In response to delays as a result of both the timing and gaps in the timing of reports, ensure all professionals involved are aware of the requirements.	Develop specific Carefirst E forms for AWI case Conferences and discussions, development will support practice quality and standardisation. Develop guidance and identify practice development required for both MHO & medical reports.	Feb 22 Nov 21
Effective monitoring, reporting and processes are in place to identify delays and actions in relation to the AWI/Guardianship applications and overall performance.	Develop a performance and review framework to ensure close monitoring of the AWI process completion and ongoing process and practice developments required	AWI Resource Worker post agreed at WFP- role will support daily & monthly monitoring, compliance with key milestones in the AWI process, analysis of themes and ongoing improvement actions. AWI Resource worker will develop the AWI tracker to inform performance and practice improvement. Resource worker roles includes regular interface with families, professionals and agencies to support and resolve barriers to progressing application- in partnership with social work staff, MHO's and service leads.	Complete Draft complete and supports weekly performance meeting focus Now operationalised

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Area for Action	Proposals	Actions Agreed	Timescale
	Information & communication required during AWI process is co-ordinated and processed effectively.	AWI performance Monitoring Meetings to be established weekly co-ordinated by Resource Worker with Hospital, Locality SM input & potentially Legal Services. Based on North Lanarkshire lessons learned ensure correspondence in relation to AWI applications is routed via the Resource Worker who will be responsible for tracking & forwarding and a quality control overview.	Operationalised Jan 2021
Mental Welfare Commission Recommendation Report Actions	Recommendation 1: HSCPs should undertake a full training needs analysis to identify gaps in knowledge in relation to capacity and assessment, associated legislation, deprivation of liberty definition and the human rights of individuals (as detailed in this report) to inform delivery of training programmes to ensure a confident, competent multidisciplinary workforce supporting safe and lawful hospital discharge planning.	POA: Following a recent staff survey monkey aimed to inform awareness and training needs in relation to promoting POA we will develop public information to support early conversations regarding POA which will be utilised by a range of staff across the HSCP and partner agencies. Implementation of a Peer Audit and staff focus groups will support the identification of knowledge and practice gaps and inform further training required knowledge in relation to capacity and	01/10/2021 Jan – Mar 2022

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Area for Action	Proposals	Actions Agreed	Timescale
	Recommendation 2: HSCPs should establish a consistent system for recording when an assessment of incapacity has been conducted, by whom and in relation to which areas of decision making. Recommendation 3: HSCPs should ensure that staff facilitating hospital discharges are clear about the status of registered care home placements, in terms of law (see EHRC vs GGC)¹ and with regards the financial and welfare implications of different types of placements for the individual.	assessment, associated legislation, deprivation of liberty definition and the human rights of individuals. Capacity status is embedded in GGC Health Boards electronic SW Referral and also the SMAT form. The SW Hospital Team ensure all associated information is recorded on Carefirst. As we progress to a new IT recording system (Eclipse) we will ensure the continued focus on POA, 13za and AWI recording and decision making process. Glasgow City HSCP has a lead commission officer aligned to the SW Hospital Team to support awareness raising and interface with care homes. Social Work practice associated with discharge planning process ensures application of best practice principles associated with 13za decision making. Where an individual lacks capacity and 13za principals cannot be applied then Guardianship or Interim Powers are progressed to ensure a legal basis for individuals being discharge from Hospital to any care home setting. We will review the application of this via the planned Peer Audit	Jan – Mar 2022 01/12/2021

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Area for Action	Proposals	Actions Agreed	Timescale
	Recommendation 4: HSCPs should ensure that practitioners facilitating hospital discharges have copies of relevant documents on file detailing the powers as evidence for taking action on behalf of the individual who is assessed as lacking capacity.	noted in response to recommendation 1. Currently there is a protocol to formally record and keep an e-copy on an individual's record of all notifications from the Office of Public Guardian including registration of POA. In addition current protocol remains that all POA notifications Social Work Staff cross reference for confirmation via the Office of Public Guardian for clarity and powers awarded.	01/08/2021
	Recommendation 5: HSCPs should ensure that assessments reflect the person as a unique individual with focus on outcomes important to that individual and not external drivers that have the potential to compromise human rights and/or legality of moves.	GG&C Health Boards "Home First" protocol ensures a focus of the multidisciplinary staff/ teams on supporting individuals where possible to return home. When an individual lacks capacity and a return home is not possible Social Work practice and the associated practice recording system ensures the views and wishes (including previous wishes) of individuals and their families and the multidisciplinary team are represented via an AWI Case Conference with Advocacy Support for individuals and Mental Health Officer support embedded. We will reflect on this this practice via the planned peer review and MHO Governance Group.	01/12/2021
		In addition to the planned peer review noted above we will table an internal practice audit relating to	Jan-Mar 2022

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Area for Action	Proposals	Actions Agreed	Timescale
	Recommendation 6: HSCPs should ensure that processes are in place to audit recording of decisions and the legality of hospital discharges for adults who lack capacity in line with existing guidance and the principles of incapacity legislation. Recommendation 7: HSCPs' audit processes should extend to ensuring evidence of practice that is inclusive, maximising contribution by the individual and their relevant others, specifically carers as per section 28 Carers (Scotland) Act 2016. Recommendation 8: HSCPs should ensure strong leadership and expertise to support operational discharge teams.	review and identify any gaps and staff development required. This will include evidence of practice that is inclusive, maximising contribution by the individual and their relevant others, specifically carers as per section 28 Carers (Scotland) Act 2016 as noted in recommendation 7. Note action associated with recommendation 6. Glasgow City HSCP has a dedicated SW Hospital Team led by a Social Work Service Manager and 4.5 Social Work Teams Leaders- one of whom is an MHO. We have recently appointed an AWI Resource Worker to support the development and of an AWI tracker and interface with staff and key agencies which ensures a focus on timely and appropriate actions to support the rights of individuals via the AWI process. We have previously developed an AWI Improvement plan to support best practice relating to 13za and AWI decision making in line with Human Rights and AWI legislation- this plan will be up-dated to include the actions	01/08/2021

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Area for Action	Proposals	Actions Agreed	Timescale
	Recommendation 9: The Care Inspectorate should take account of the findings of this report regarding the use of s.13ZA of the Social Work (Scotland) Act 1968 and consider the scrutiny, assurance or improvement activity to take in relation to this. Recommendation 10: The Care Inspectorate should take account of the broader findings of this report beyond use of s.13ZA and consider how this might inform future scrutiny, assurance and improvement activity in services for adults. Recommendation 11: The Scottish Government should monitor the delivery of the above recommendations and work with Health and Social Care Partnerships and the Care Inspectorate to support consistency and address any barriers to delivery over the next two years.	noted in this response and will be overseen by the HSCP Governance Processes. NA NA NA	

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