

Self-Directed Support Change Programme

**A Business Case to Embed Self Directed Support
Standards across Morays Social Care System**

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1. Version History

Version	Date	Details
0.1	8/10/21	Initial draft created by Carmen Gillies
0.2	11/11/21	Change to Pg 6 outcomes
0.3	20/12/21	Change to Programme name & Add in realistic medicine

2. Executive Summary

2.1 Self-Directed Support – Service Redesign and Change Programme

2.1.1 This business cases provides the opportunity to undertake a comprehensive analysis of the areas for redesign and change in order to embed the SDS national standards.

Background to Self-Directed Support

2.1.2 The [Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#) came into force in Scotland on 1 April 2014 with the aim of providing children and adults with more choice and control over how their social care needs are met. The Act gives local authorities the power to extend self-directed support to carers following a carer's assessment meaning carers will be able to choose from the same range of options provided to other people accessing social care services. The Act placed duties on local authorities to provide options to allow individuals to choose how much involvement they want in the organisation and design of their care and support.

2.1.3 By 2019, it was widely acknowledged that implementation of SDS was variable across Scotland. In response to this, Scottish Government launched a *Self-directed Support [Implementation Plan for 2019-2021](#)*. The plan set out the actions that public and voluntary organisations would take to support authorities to build on their progress towards more flexible and responsive social care support, co-produced with communities and supported people. The plan also set out that Social Work Scotland as the professional leadership body for the social work and social care professions would work with local authorities and senior decision makers to design and test a framework of practice for SDS across Scotland. The work was to be taken forward in the context of the Reform of Adult Social Care programme launched by the Cabinet Secretary in June 2019.

2.1.4 It should be acknowledged that in March 2020, the Westminster and Scottish Governments announced measures to restrict the spread of coronavirus. The impact on society was considerable, but more so for services delivering to children, adults and their families already facing significant challenge. Universal, statutory and third sector services were required to respond almost overnight to continue to meet the needs of families and ensure that children and young people remained safe and well.

2.1.5 Alongside these developments and in order to learn from experiences during the Covid-19 pandemic, the First Minister announced the findings of Independent review for Adult Social Care. The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and those working in adult social care.

Local Context

2.1.6 SDS has been the driver for change in the way in which we deliver care and support since the introduction of the Act. Health and Social Care Moray (HSCM) have strived to deliver on the Act's legal duties and powers, recognising the SDS statement of intent to support independent living, enabling people of all ages to have the same freedom, choice, dignity and control as other citizens at home, work and in the community. The Act is supported through the Statutory Guidance that gives further guidance to authorities in embedding the legislative requirement laid down in the Act that is used to give clarity on the changes and how these need to be approached.

2.1.7 The Act is underpinned by values and statutory principles which should underpin local strategies, guidance, procedures, and policies in relation to social care services.

The values underpinning the guidance are:

- Respect
- Fairness
- Independence
- Freedom
- Safety

The statutory principles are:

- Participation and dignity
- Involvement
- Informed choice
- Collaboration

2.1.8 HSCM were one of 6 local authority areas inspected through the Care Inspectorate Thematic Review and are working towards the recommendations within the report. Participation in the My Support My Choice independent research also offered valuable independent results. Whilst HSCM achieved positive outcomes in some areas, further recommendations were made to improve lived experience of SDS in Moray. Taking the recommendations from these reports, in conjunction with the research conducted by Derek Feeley and the subsequent Independent Review of Adult Social Care (Feeley Report), these should be seen as our local drivers for change.

2.1.9 It has been recognised at a national level that authorities have still not successfully embedded the legislation, taking a human rights based approach to deliver meaningful individual personal outcomes. The Care Inspectorate and Audit Scotland found that SDS has only been partially implemented across Scotland, and found many inconsistencies as to the approaches taken. As a result Social Work Scotland were commissioned to develop a Framework of Standards for SDS to support authorities to embed the values and statutory principles across the service, and with an ideal to achieve a standardised approach across Scotland, ensure consistency of outcomes and approaches in SDS for supported people (both adults and children) and carers to support those who transition between authority areas, to expect a similar level of service and support

SDS Standards in Practice

2.1.10 The SDS Framework Standards were approved and became live in March 2021, with eleven standards at present and a twelfth standard currently being developed. The current eleven standards are:

1. Independent Support and Advocacy
2. Early Help and Support
3. Strength and Asset Based Approach
4. Meaningful and Measurable Recording Practices
5. Accountability
6. Risk Enablement
7. Flexible and Outcome Focussed Commissioning
- 8. Worker Autonomy**
9. Transparency
10. Early Planning for Transitions
11. Consistency of Practice

2.1.11 Local recommendations alongside the SDS Framework Standards are our main drivers forward to change practice within adult social care, ensuring we are consistently delivering on key objectives for Self-Directed Support.

2.1.13 As a result of key recommendations and our work with SWS as one of three local authorities testing out the SDS Framework Standards, with an emphasis on standard number eight, Worker Autonomy, several work streams have already been identified. It is important to highlight the projects in progress and the linkages between these work streams to avoid work duplication by ensuring they run concurrently with knowledge from each project shared.

Managing and Responding to Demand

3.3.6 Partnerships are fully aware that current models of social care are not sustainable and that new models of social care are required to address the pressures of growing demand and limited finances. The prioritisation process must therefore be able to facilitate the local review of existing services and existing resource allocation, bringing decommissioning and commissioning decisions within the same process. This will provide a basis for developing new models of care, redesigning existing services, phasing out services and the redirection of resources to ensure these are better focused on meeting need and improving outcomes. All of which is built on the foundation of legislative change and transformational redesign of the whole system of care.

3.3.7 With redesigning the whole system this will require consideration of flexible and responsive staff structures that can accommodate service and individual needs that changes over time. It also requires an integrated response from all partners, and the adoption of the three-conversation model which will support this transformation redesign of social work services in Moray.

3.3.10 Supportive and collective response to funding for innovation spanning across all ages for Self-Directed Support and the implementation of the Carers Act can drive change at pace through a system supported and facilitated by the MIJB. This in turn can support the collective identity of social work and drive a uniformed approach to social work practice whilst having the person at the heart of the decision-making process.

2.1.10 To address the need for improvement, an SDS steering group and Unpaid carers group has been established since 2018 with the aim to deliver a service that provides the best possible outcomes for the adults in Moray to meet their full potential and aspirations. To achieve this aspirational aim, Moray must place people at the centre of decision making, which is one of the foundations of The Independent review of adult social care with a strong emphasis on a strengths-based practice.

This will be achieved by focusing on:

- Social work practice – supported by the 3-conversation model approach
- Implementing 12 SDS standards
- Implement Outcome Based Commissioning for Care at Home
- Support Community Based Day Opportunities

Outcomes

2.1.18 The embedding of the SDS standards will individually and collectively create a flexible, responsive social work service ensuring consistency of outcomes and approaches in SDS practice across Moray, experienced by children and adults and carers, whilst continuing to maintain and support existing partnerships across Education and other external agencies. Delegation will lead to the outcomes below which will create strong and effective social care foundations by strengthening the workforce to deliver the step change required to increase capacity across the system, to scale up and spread promising practice much more effectively and be empowered and proud to be part of a capable and successful team. Specific measures will be developed to assess progress against the following outcomes.

Outcome for Adults:

- Moray's Adults have more choice, control and flexibility of their care through the implementation of national legislation (SDS standards)
- Morays unpaid carers feel supported, valued and heard
- Engagement with adults to support continuous improvement is regular and welcomed
- Strength based conversations is embedded across the disciplines to improve outcomes for the adults and their carers
- Support and understanding of the transition pathway is seamless through joint processes driven by SDS standards and a collective workforce.

Outcomes for the Workforce:

- Improved sense of belonging and work satisfaction
- Staff are empowered and motivated
- Workforce is supported to become positive risk enablers
- Workers are enabled to exercise professional autonomy in support planning and set personal budgets within agreed delegated parameter
- Engagement with adults and unpaid carers to support continuous improvements is regular and welcomed

Outcomes for the Business:

- Improved performance data through good recording practices clearly capture conversations between people and workers identifying what matters to the person
- Commissioning is flexible and personal centred across the system
- Robust self-evaluation is systematic, robust and comprehensive
- Resilient workforce through shared learnings, training and processes
- Economies of scale through shared resources

2.1.19 These outcomes will drive the redesign of the system to address the need to transform the way we plan, commission, and procure social care support. This will develop and build trusted relationships rather than competition and to build partnerships not marketplaces.

3. The Strategic Case

3.1 The Strategic Context

Introduction

3.1.1 The social care system is enshrined in ground-breaking legislation offering a mechanism to implement real change to those people who need support. It is without a doubt that multiple, regulation-driven integration agendas are now underway. A coherent, consistent, and evidenced based policy approach underpins them all, but at a practical level re-alignment of planning, resourcing and workforce structures will need to be addressed to bring services closer together to maximise on improving outcomes for everyone. It is the legislation and policies below which aid the benefits of being change in order to build trust, understand and practice implementation of policies through shared learning, autonomy and other formal and informal opportunities to encourage the development of workforce relationships.

Legislative Drivers

Integration Authority - Public Bodies (Joint Working) (Scotland) Act 2014

- 3.1.2 To facilitate the process of joint strategic commissioning, the local authority and health board must delegate a range of functions to an 'Integration Authority'. These Integration Authorities are jointly accountable to Scottish Ministers, local authorities (i.e., elected councillors) and NHS Board Chairs for the delivery of nationally agreed outcomes
- 3.1.3 The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Public Bodies (Joint Working) (Scotland) Act 2014 namely:
1. People are able to look after and improve their own health and wellbeing and live-in good health for longer.
 2. People, including those with disabilities or long-term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
 5. Health and social care services contribute to reducing health inequalities.
 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
 7. People using health and social care services are safe from harm.
 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
 9. Resources are used effectively and efficiently in the provision of health and social care services.

Self-Directed Support - Social Care (Self-Directed Support) (Scotland) Act 2013

- 3.1.4 Scotland's approach to social care and support places human rights and independent living at the heart of delivery. The aim of self-directed support is to ensure that care and support is centred around a person's own care and wellbeing outcomes, and that people exercise the level of choice and control they desire over that support
- 3.1.5 Major changes required by legislation on Social Care (Self-Directed Support) (Scotland) Act 2013 introduced the new SDS standards to support the for the support personalised outcomes for children, young people and adults experiencing care. The three assumptions involved include:
- taking a strengths-based, asset-based approach to assessment support planning and review processes
 - focusing on community supports
 - systems and processes being aligned to SDS values and principles
- 3.1.6 SDS standards have been developed to ensure consistency of outcomes and approaches in SDS practice across Scotland experienced by supported

people (children and adults) and carers, building a framework of good practice in assessments for support, support planning and in provision of care and support resources. These standards are instrumental in the transformation of social work practice across both children and adult services, aiding the decision to delegate so one consistent approach can be embedded with uniformity.

3.1.7 Eleven SDS Standards are across children and adults to promote:

- i. **Independent Support and Advocacy** - Within every Local Authority/ Health and Social Care Partnership area there are independently funded organisations able to provide independent advice, support, information and advocacy for anyone who needs it and in ways which are accessible to everyone
- ii. **Early help and support** - Early help and community support offers a universal approach where everyone is welcome to have a good conversation about what matters to them, and to identify solutions to improve their quality of life. This approach can serve as a gateway into more formal assessment and access to services. However, this approach should not be regarded as a replacement for registered statutory services when these are needed. Community solutions do require investment and ongoing commitment and support from national and local government.
- iii. **Strength and asset-based approach** - Trust-based relationships and good conversations between workers and people are at the heart of assessment, support planning and review practice and processes, recognising people's strengths, assets, human rights, community, and funded supports. Personal outcomes are agreed on the basis of what matters to the person
- iv. **Meaningful and measurable recording practices** - Recording practice and information systems demonstrate the extent to which practice is carried out in line with the values and principles of Self-directed Support. Records show how the person's lived experience and preferences have been acknowledged and expressed in their support plan and connect personal outcomes to the subsequent review process. Recording systems are designed such that data can be aggregated and used for continuous improvement, resource planning and commissioning purposes
- v. **Accountability** Processes ensure that people's legal rights are upheld. Human rights underpin practice, policy and processes, and actively provide opportunities for constructive feedback, learning and improvement.
- vi. **Risk enablement** - People will be regarded as experts in their own lives and how they wish to meet their own personal outcomes. This needs to be taken into account and a shared responsibility to risk agreed. Self-directed Support is not separate from safeguarding. Self-directed Support is used creatively to enhance people's and families' resilience towards preventative, protective and positive outcomes.

- vii. **Flexible and outcome focused commissioning** - Social care services and supports are planned, commissioned, and procured in a way that involves people and offers them real choice and flexibility in how they meet their personal outcomes. Provision of services and supports start with the good conversation that has been had with the person, what matters to them and what they need to help them live their best life.
- viii. **Worker autonomy** - Workers feel trusted, confident and resilient, and are enabled to be autonomous in exercising their professional judgement, and using their own knowledge, skills and abilities, in partnership with supported people. Workers have the authority to plan support and set personal budgets within agreed delegated parameters
- ix. **Transparency** - People are helped to understand that Self-directed Support allows for maximal choice and flexibility in using a budget to achieve what matters to the person in the form of agreed personal outcomes. The process leading to decisions about a person's social care budget and support, and their level of financial contribution, is recorded, shared and explained in ways that make sense to the person.
- x. **Early planning for transitions** - Transition planning processes have the person's wellbeing, aspirations, and personal outcomes at the centre. People are given the time, information and help they need to make choices and have control of their care and support as they move into new phases of their lives.
- xi. **Consistency of practice** - To reduce inconsistency of experience across the country, a consistently high-quality approach to practice is required, including assessment, support planning and review; eligibility; charging and contributions; commissioning and procurement, and the process by which budgets are calculated.

3.1.8 Policy Drivers which can bring improvements to the new world of care have the child or adult at the centre of their support, making their own decisions through a workforce culture of trust, care, and respect.

Independent Review of Adult Social Care – Feely Report

3.1.9 At the centre of the review was the voices and the stories of many people with lived experiences of social care support, unpaid carers and staff working in the sector.

Three fundamental changes must occur to secure better outcomes. These can be summaries as:

Shifting the paradigm Adult social care support does not stand alone. It has strong links to social work, children's services and the wider services. But we can do better. There is a gap between how we want things to be and how it is done. The system we have now is not getting the results we want. So we need a new system. We need to start by changing the way some people think

about social care support. Good social care is important for everyone in Scotland. It is a good investment in our economy and citizens.

Strengthening the foundations – There are many strengths in the Scottish systems of social care support. The need is to build on the foundations of self-directed support, health and social care integration and the Independent Living Fund. The challenge is the implementation.

Redesigning the System – A new delivery system through the National care Service to drive national improvements where they are required, to ensure strategic integration, to set national standards, terms, and conditions. The transformation of the way planning, commissioning, and procurement of social care support is accrued. Building trusted relationships rather than competition. Whilst providing a stronger voice of the unpaid carer.

The review has not made recommendations about the Social Work workforce in the proposed new arrangements as these will require careful consideration alongside the implementation of The Promise and any changes planned for criminal justice.

Independent Review of Children Services – The Promise

3.1.10 The promise is responsible for driving the work of change demanded by the findings of the independent care review. The seven publish reports narrate a vision for Scotland built on 5 foundations to make sure that Scotland's children grow up "loved, safe and respected".

Voice is central to the foundations of Family, People, Care and Scaffolding

- I. Children and young people must be listened to and meaningfully involved
- II. When living with a family is not possible, children must stay with their brothers and sisters
- III. Whenever children are safe in their families and feel loved, they must stay
- IV. All of the people involved in the care of children must be supported to develop relationships with them, and those children must also be supported to develop relationships with the wider community
- V. We need an infrastructure and system around all of this that's responsive and accountable

The strength of pulling together one social work workforce to deliver a consistent approach from childhood to adulthood will not only aid outcomes for children and young people but also create a consistent system for the unpaid carer

Moray Policy Context

3.1.11 Morays Health and Social Care Strategic Plan – Partners in Care reflects the national drivers by focusing on the 3 Strategic Outcomes:

- BUILDING RESILIENCE - Taking greater responsibility for our health and wellbeing
- HOMEFIRST - Being supported at home or in a homely setting as far as possible.

- PARTNERS IN CARE - Making choices and taking control over decisions

3.1.12 The Moray Local Outcome Improvement Plan (LOIP) reflects the above principles of building a better future for our young people, with the ambition that Moray is a place where all children and young people thrive, have a voice and are able to reach their full potential. The Moray Council Corporate Plan (2019-2024) prioritises supporting people to be the best they can be, with a strong and sustained focus on those individuals and groups in society who experience the most disadvantage and discrimination.

3.1.13 The Council Improvement and Modernisation Programme provides a number of design principles to guide service transformation and the two recently added principles are highlighted below as particularly relevant to the project:

- Targeting early intervention and prevention;
- Developing the skills, knowledge, and capacity of the workforce to deliver better

3.1.14 Morays Children's Services Plan is connected into the wider planning landscape. Given the requirement to plan for children's services and other related services, children's services planning relates to the duties included in Part 1 (Children's Rights), Part 6 (Early Learning and Childcare) and Part 9 (Corporate Parenting) of the Children and Young People (Scotland) Act 2014, as well as the Public Bodies (Joint Working) (Scotland Act) 2014, Community Empowerment (Scotland) Act 2015, Carers (Scotland) Act 2016 and the Community Learning and Development (Scotland) Regulations 2013. This complex landscape requires the plan to set out a joint visions and partnership approach to improving outcomes for children and young people and families in Moray. The scope of Morays plan includes all children's services provided locally by the Local Authority, Health Board and other Service Providers which falls into the categories "children's service" e.g., schools, health visitors, youth group, children and families social work or "related service" e.g. leisure services, drug and alcohol service. This includes services delivered by private or third sector organisations on behalf of, or in partnership with, the local authority, relevant health board or "other service providers" e.g., Police Scotland, Scottish Fire and Rescue Service. It spans the age range of birth to eighteen years old and extends to age twenty-five for young people in the care system. Spanning both adults and services belonging on the young persons criteria aid the decision to create a delegated workforce operating under one reporting structure.

3.2 New Approach to Health & Social Care – Three Conversation Model

Three Conversation Model

3.2.1 HSCM has commissioned *Partners 4 Change* to deliver the Three Conversation approach to support the change management require to delivery health and social care in a competing and demanding environment.

3.2.2 The Three Conversations is the key to the door of a new way of working in social and health care organisations. It's about having open and interested conversations with people and families who need support. It's also about the conversations that people working in the sector have with colleagues and partners – working out how to collaborate to make things happen so that we can be useful for people and help them get on better with their lives.

3.2.3 This is an approach not a model which is governed by a set of simple but precise rules:

- We **recognise that people and families are the experts** in their own lives, so as social and health care workers we need to **listen hard** to them and use the resources and skills we have to build on their wishes and strengths, and to **connect** them to the right people, communities and organisations to make their lives work better.
- We believe our current social and health care system functions like a sorting office, where we attach labels to people and send them off down predetermined routes to 'one-size fits all' services. We need to **stop making assumptions and passing people around like parcels** for someone else to deal with somewhere else in the system and start working with them until we're sure they're safe and that their plan for a good life is working.
- We know our response in a crisis is critical. Many of the people and families we meet need urgent help to get their lives back on track – so rather than assessing them for services, we must **stick with them**, and not even think about eligibility or longer-term support until the immediate crisis is over.
- We know that language is really important too, so we **don't use words that de-humanise** (no more 'service users' or 'cases'), and we stop talking about pathways and journeys, allocation and referrals, screening and triage, because that's the language of a system we're no longer prepared to tolerate.

3.2.4 At the heart of our approach are the three distinct conversations we use to understand what really matters to people and families, what needs to happen next for them, and how we can be most useful.

Conversation 1: Listen and connect

Conversation 1 is about listening hard to people and their families to understand what's important and working with them to make connections and build relationships in order to help them get on with their life independently. Conversation 1 is not about whether the person is 'eligible', but it does meet the 'prevent, reduce, delay' requirements of the Care Act.

Conversation 2: Work intensively with people in crisis

When we meet people who need something to happen urgently to help them regain stability and control in their life, we use Conversation 2 to understand what's causing the crisis, put together an 'emergency plan' and stick with the person to make sure that the changes happen quickly, and that the plan works for them.

Conversation 3: Build a good life

We always exhaust Conversations 1 and/or 2 before moving on to Conversation 3 – and often we find that we don't get this far. But for some people, longer-term support in building a good life will be necessary, so Conversation 3 is about understanding what this good life looks like to them and their family and helping them to get the support organised so they can live the best life possible.

1 Conversation 1 : Listen & Connect

Listen hard. Understand what really matters. Connect to resources and supports that help someone get on with their chosen life, independently.



2 Conversation 2 : Work intensively with people in crisis

What needs to change urgently to help someone regain control of their life? Put these into an emergency plan and, with colleagues, stick like glue to help make the most important things happen.



3 Conversation 3 : Build a good life

For some people, support in building a good life will be required.

What does 'a good life' look like? What resources, connections and support will enable the person to live that chosen life? How do these need to be organized?



3.3 NHS Realistic Medicine

3.3.1 Realistic medicine puts the person receiving health and social care at the centre of decisions made about their care. It encourages health and care workers to find out what matters most to you so that the care of your condition fits your needs and situation. Realistic medicine recognises that a one size fits all approach to health and social care is not the most effective path for the patient or the NHS.

Realistic medicine is not just about doctors. 'Medicine' includes all professionals who use their skills and knowledge to help people maintain health and to prevent and treat illness. This includes professions such as nursing, pharmacy, counsellors, physios and social work.

3.3.2 Realistic medicine will help to improve the NHS and the care and treatment it offers by:

- sharing decision making between health professionals and patients
- providing a personalised approach to care
- reducing harmful and wasteful care
- collaborative work between health professionals to avoid duplication and provide a joined-up care package that better meets your needs and wishes

3.4 Change Programme Board

3.4.1 In order to manage the changes across the social care system, a SDS (Health & Social Care) Change Programme will be established. This Board will be made up of members from the Senior Leadership and Senior Management Team, with subject matter experts invited when required.

3.4.2 The purpose of the Board is to oversee and implement the change process as it applies to social work and social care. This will include embedding new approaches to operational working practices through supportive behaviours.

3.4.3 The Change Board Charter can be found in Appendix 1 with an outline of the Social Care projects contributing to the change process.

3.5 Dependencies for Success

3.5.1 The success of embedding SDS throughout the Social Care system is dependent on:

- i. The workforce agreeing the direction for change
- ii. Understanding this is a learning journey and learning from mistakes is key.

- iii. Integrated work with staff from all partners (Health, commissioned and non-commissioned providers, Third sector continue to operate in a partnership approach
- iv. The creation of a committed, empowered, skilled social work workforce is operating to offer best outcomes for all.
- v. The embedding and quality assurance of assets-based approach is throughout all social work practice.
- vi. The management of social work staff being aligned to the ethos and principles and SDS and 3 conversation model is standardised to ensure clarity and consistency.
- vii. Resilience and commitment to the vision of The SDS standards aligned with the independent Adults Care review is essential to drive the improvements across adult services as well as aligning with the transformation change across the whole of the system.
- viii. Joint training and CPD is offered to staff to aid succession planning and continuous learning.
- ix. The embracing of SDS standards including worker autonomy to empower social workers in their roles.

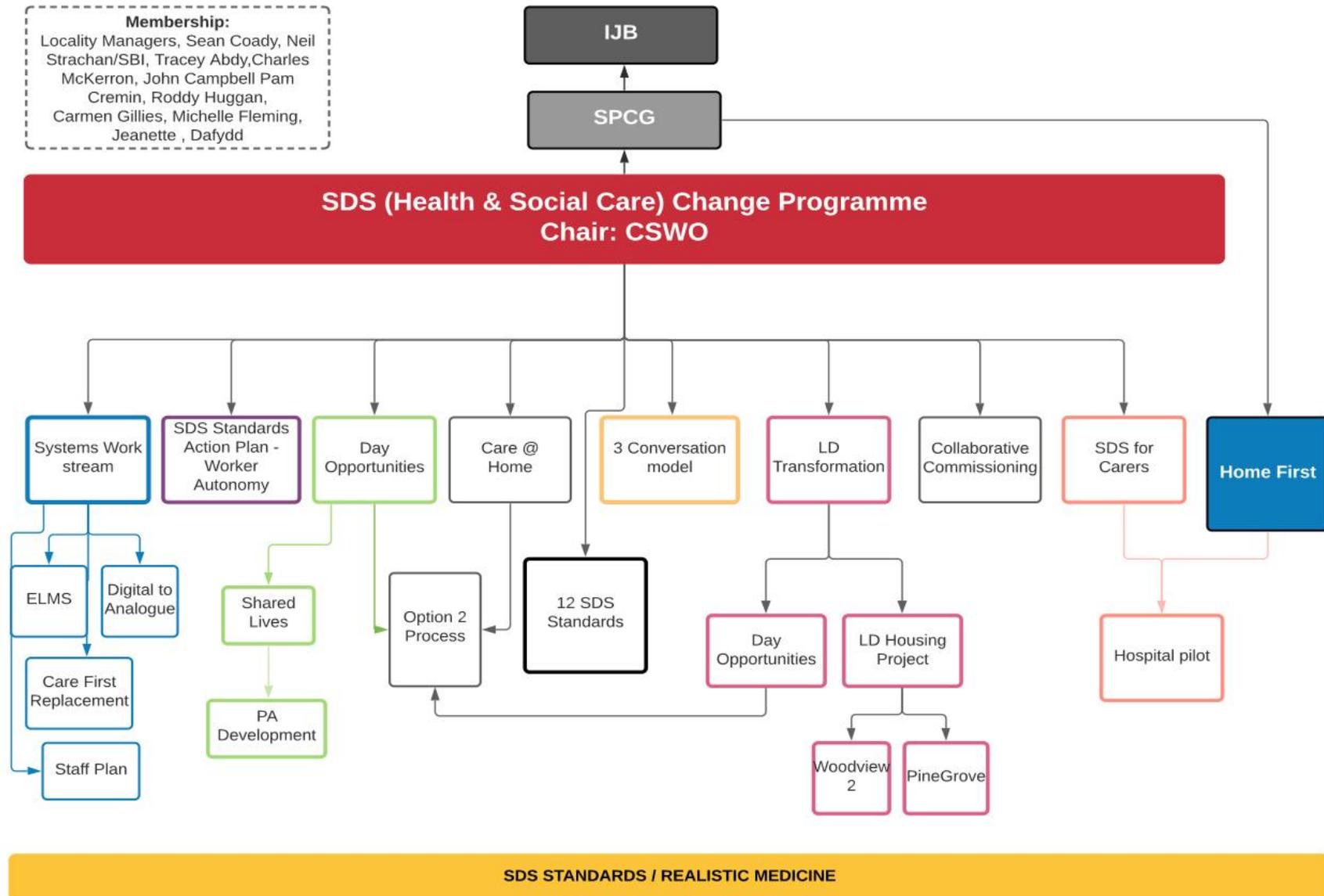
3.5.2 These dependencies will be mitigated through the Programme Board and then thereafter through planning, monitoring, partnership work and the use of relational approaches, consultation and effective communication across partners, teams, communities, and families.

4.0 APPENDICIES

Appendix 1- Change Charter

SDS (Social Work and Social Care) Change Charter	
Purpose	to oversee and implement the change process as it applies to social work and social care. This will include embedding new approaches to operational working practices through supportive behaviours.
Objective	Avoid conflict of resources Determine a realistic timeline for implementing change with consideration to whole systems pressures Support the new approaches and become an ambassador for the 3 conversation model
Meetings	The Board will meet monthly via virtual methods
Scope: Major Activities	Monitoring projects implementing major change including: 3 Conversation Approach Day Opportunities Test of Change including flexible framework Commissioning for Outcomes
Out of Scope Activities	Resolution of operational issues Consideration of new projects (this will continue to be presented to SMT)
Membership including Subject Matter Experts	List names.

Appendix 2- Change Plan



Appendix 3 High Level Risk to Embedding Change

Risk Register							
Risk Category	Risk Description	Likelihood	Consequence	Score	Overall Risk	Mitigation	
1a	Financial Risk	Resources allocated to project may be insufficient to achieve success across all projects	3	3	9	Red	Strategic plan supports financial governance, Board will prioritise projects
2a	Workforce – Failure to manage change planning/loss of key staff	Failure to staff governance; systems and processes are not sufficiently robust to support effective CPD and supervision to ensure delivery of practice that promotes public protection and meets health & Social Care need.	3	3	9	Moderate	Work force review strategy and delivery plan and with organisational development strategy and delivery plan to be in place.
2b	Workforce – Failure to manage 3 conversation approach	Failure to deliver 3 conversation approach– Actions are not supported by all partners to move from a state of uncertainty/transition to a state of final change	3	3	12	Moderate	Innovation sites will drip feed change to those who are willing to change.
3a	Service Delivery & value for money/Effective Delivery	Failure of staff involvement and buy in from SLT to implement new approach to drive forward change across the system	3	3	9	Moderate	Make it happened group includes members of SLT to support his approach. Workforce is required to prioritise this project
3b	Service Delivery & value for money: Partnership Arrangement	3 Conversations approach does not facilitate continued partnerships working with agencies, organisations and services that are out with the new approach arrangements	2	3	6	Moderate	Commission team and locality managers to share the new approach with external partners
4a	Damage to Reputation – National and Local Outcomes	Failure to meet local and national priorities and indicators for the additional delegated services, or conduct in a manner that brings the Partnership into disrepute	2	4	8	Moderate	Core suite of measurements and indicators to be clearly defined and measured.

4b	Damage to Reputation – Integration Process	Failure to deliver scheme of integration to meet requirements of Public Bodies Act and other relevant legislation including SDS Act	2	4	8	Moderate	Policies and procedures to be updated: training, integration plan to be implemented
5a	Failure to identify and Manage risks arising from shared services, commissioned services, support services	Commissioning; appropriate and sufficient capacity available across sectors to deliver a range of supports to meet changing priorities. The IJB required legal assurance from the Council and NHS as to shared use of services/resources	2	4	8	Moderate	Commissioning / Procurement/ Contract monitoring arrangements are put in place to manage supply and demand.