Inverclyde council

Report To:	**Health & Social Care Committee**	**Date:**	**23 February 2017**
Report By:	**Brian Moore** **Corporate Director, (Chief Officer)** **Inverclyde Health and Social Care** **Partnership (HSCP)**	**Report No:**	**SW/14/2017/BC**
Contact Officer:	**Beth Culshaw, Head of Service,** **Health and Community Care**	**Contact No:**	**715283**
Subject:	**Inverclyde Adult Protection Committee Biennial Report**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Health and Social Care Committee of the work of the Inverclyde Adult Protection Committee for the years 2014 – 2016 and the ongoing priority areas of focus for 2016 – 2018.

2.0 SUMMARY

2.1 The attached report describes how the Inverclyde Adult Protection Committee fulfilled its statutory functions of continuous improvement, strategic planning, and public information during 2014 – 2016 and includes the Business Plan for 2016 – 2018.

2.2 The report demonstrates that Inverclyde Adult Protection Committee has delivered its core functions and progressed the key priority areas during 2014 – 2016. This has been achieved through the work carried out by the committee itself, short life working groups and the actions of individual members and agencies they represent.

2.3 Adult Protection Committees are required to submit such a report to the Scottish Ministers every two years. The attached report was submitted on the 1st of November 2016.

3.0 RECOMMENDATIONS

3.1 The Health and Social Care Committee is asked to note the content of the report and acknowledge that the Inverclyde Adult Protection Committee has continued to pursue its functions to ensure standards are maintained in the face of increasingly challenging economic and social circumstances, demonstrating a continued commitment to improve the identification of adults at risk of harm, to provide support to them when needed and to provide the means to protect them from preventable harm.

Brian Moore
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Adult Support and Protection (Scotland) Act 2007 seeks to protect and benefit adults at risk of being harmed. The Act requires councils and a range of public bodies to work together to support and protect adults who are unable to safeguard themselves, their property and their rights.

4.2 There are five national priorities for adult support and protection. These are:-

- Adult Support and Protection in care home settings.
- Adults at risk of financial harm.
- Service users' and carers' involvement in Adult Support and Protection.
- National data collection.
- Adult Support and Protection in A&E settings.

4.3 Some of the individual pieces of work highlighted in the report which support these priorities and the functions of the committee are:-

- Development of Good Practice Guidance in joint working between Inverclyde Adult Protection Committee and Care Home Providers.
- Leading on development of West of Scotland Guidance for investigations in care homes.
- Financial Harm event leading to a jointly developed (Police, Trading Standards, HSCP, with input from Office of the Public Guardian) Multiagency Financial Harm course.
- Development in conjunction with service users and carers of ten adult support and protection DVDs which demonstrate the five main types of harm https://www.youtube.com/channel/UCvJ2hbsJ1ieDgfePOoOhHDg
- Multiagency guidance on responding to Forced Marriage and Honour Based Violence.
- Multiagency and professional training programme.
- Partnership working with Scottish Government and other local authority areas to develop a national dataset.

4.4 Inverclyde Adult Protection Committee aims to continue to fulfil its core functions in 2016 – 2018 and beyond through the work carried out by the Adult Protection Committee and short life working groups, and the actions of individual members and agencies they represent.

4.5 Priority areas of focus for 2016 – 2018 have been identified:-

- Performance monitoring to ascertain whether service users and carers are continuing to experience positive outcomes.
- Continued improvement in joint working and cooperation, developing stronger links with A&E and acute hospital sector.
- Continued monitoring of effectiveness of public information and public awareness campaigns.
- Continued improvement in practice, and learning from practice within and across agencies.
- Improving engagement and participation of service users and carers.

4.6 Inverclyde Adult Protection Committee will implement, monitor and review work to achieve continuous improvements in the priority focus areas above.

5.0 IMPLICATIONS

FINANCE

5.1 **Financial Implications**:

There are no proposals for any change in the Adult Protection Committee support budget for 2016 – 2018.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

LEGAL

5.2 There are no legal issues within this report.

HUMAN RESOURCES

5.3 There are no human resources issues within this report.

EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
✔	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

REPOPULATION

5.5 There are no repopulation issues within this report.

6.0 CONSULTATION

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with Inverclyde Adult Protection Committee and Inverclyde Public Protection Chief Officers Group.

7.0 LIST OF BACKGROUND PAPERS

7.1 Inverclyde Biennial Report 2014 – 2016.

Inverclyde Adult Protection Committee

Biennial Report

2014 to 2016

Contents

1. Executive Summary

Adult Protection Committee membership – Although reorganisations in some of the public sector bodies has led to some disruption and changes in representation this has not had a major impact on the operation of the committee or its work.

Developmental agenda – The committee remains committed to the organisation of learning events for staff across agencies who have a responsibility for adult support and protection, providing a link between the committee and the role of frontline workers. These are in addition to the more regular staff training programmes. Along with the programme of learning events the committee is also committed to a programme of open events that include representation from a wide range of interests including service users and carers. Although these open events have often included service users and carers in delivery and presentations it is intended that future events also involve them more in the planning and production of such events.

Public information – The committee views the importance of the involvement of service users and carers in the development of public information on adult support and protection as crucial. The service user and carer input into the range of leaflets and posters and the production of the Inverclyde Understanding Harm Campaign series of DVDs contributed to very successful productions. The effectiveness of public information and public awareness campaigns will continue to be monitored through the Citizens and Your Voice Panels.

Co-operation – In participation in the committee, in the organisation of the various learning and open events sponsored by the committee and in attendance at these events there has been a high level of co-operation across public sector and voluntary/Third Sector bodies. This has also included co-operation with private sector care providers as illustrated in the development and adoption of the Care Homes Good Practice Guide. Audit exercises that have been undertaken have also found good multi-agency working and appropriate sharing of information. Although there are good links with community based health services an area where it is hoped to focus in the coming year is in relation to developing stronger links with A&E and the Acute Hospital sector.

Performance monitoring – Although the continued monitoring and examination of referrals, investigation, case conferences and orders along with practice and case file audits provide important aspects of performance monitoring evaluations of service users and carers experience of adult support and protection are critical in ascertaining whether they are experiencing positive outcomes from the processes and interventions. The service user and carer perspective will be an important area of evaluation in the coming year.

2. Performance

The development of a national dataset has been one of the Scottish Governments five 'National Priorities' for adult support and protection. In response to this the Adult Protection Support Unit has been working with the Health and Social Care Partnership SWIFT Team to make adjustments to the SWIFT AP Module (Management Information System) to ensure that agreed data can be collated. Although data available to date has been helpful the finalised national dataset should assist local and national analysis. The performance information provided in this report is based on the national dataset with some additions to aid analysis of local performance.

2.1 Adult Protection Referrals
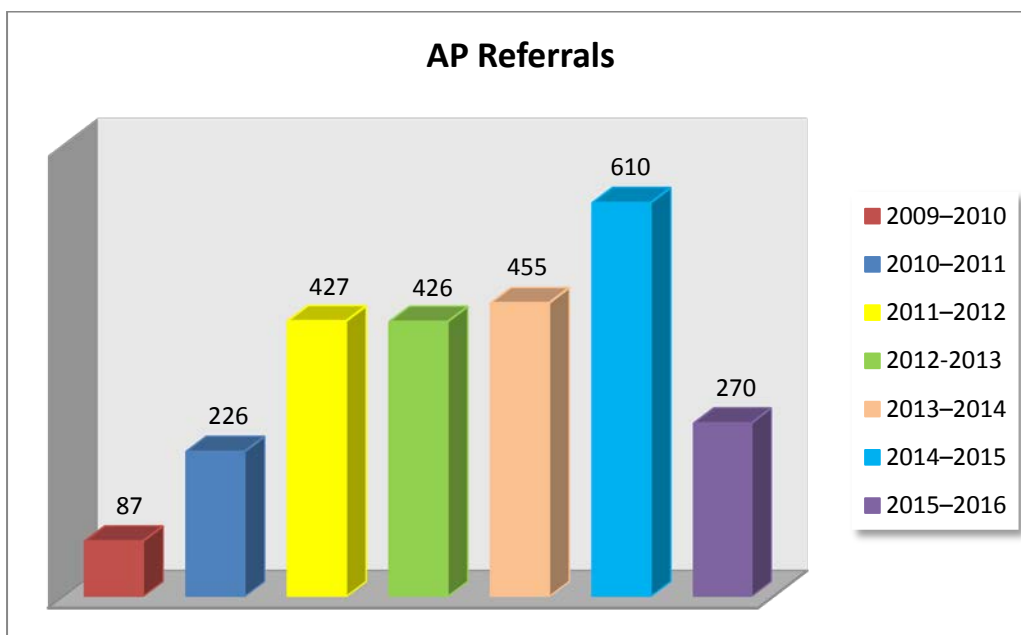
As is clearly outlined in the table above referrals received have increased since 2009 with this trend ending in 2015/16. From 2011 to 2014 the rate of referral had remained fairly consistent averaging 436 per year. The referral rate for the period of this biennial report has fluctuated considerably with 610 referrals in the first year and 270 in the latter. This equates to a 44% decrease which is primarily related to changes made by Police Scotland to their processes.

Police Scotland introduced the Vulnerable Persons Database and this went live for Inverclyde in March 2013. Both adult protection and adult wellbeing concerns are shared. There has been an increase in police adult concern reports overall with 766 adult concern reports being shared in 2015/16. This is as a result of higher numbers of individuals living and being cared for in the community, an aging population and an increase in the number of adults the police come into contact with who have or may have mental health issues. However the number assessed by the police as meeting the criteria for adult protection has significantly reduced. This is following officers receiving additional training and inputs from the Police Public Protection Unit in respect of risk assessment and submission of adult concern reports.

2.1.2 Referral Sources

April 2014 - March 2015

Source	Value
NHS	21
	3
Police	487
OPG	9
	2
	25
	21
Self	9
	0
	12
Friend/N...	0
	3
Others	18

April 2015 - March 2016

Source	Value
NHS	13
	2
Police	181
OPG	15
	0
	36
	17
Self	2
	1
	1
Friend/N...	1
	1
Others	0

April 2014 - March 2016

Source	Value
NHS	34
GPs	5
Police	668
Scottish Fire & Rescue	24
OPG	2
Other Organisation	61
Social Work	38
Council	11
Self	1
Family	13
Friend/Neighbour	1
Anonymous	4
Others	18

As in all years the police continue to be the primary source of referral of adults at risk of harm and this is replicated nationally. Excluding 'other organisation' and 'other' the two main sources of referral are social work and health (including GPs). Health referrals include those from NHS24, hospital nurses and community nursing. 'Others' and 'other organisations' include Social Work Standby, voluntary organisations, third sector, and care homes. In 2014/15 care homes referred 11 adults and 4 the following year. There has been considerable amount of joint work undertaken with local care home providers and this is viewed to have impacted on figures (section 3.1.1). Referrals from self, family or friends/neighbours have decreased by 75% in the two years. This requires further consideration but in previous years fluctuations in figures have been linked with recording issues.

2.2 Investigations

For the 2012/14 biennial report the conversion rate for referral to investigation was 10%. In 2014/15 there were 34 investigations with 27 in 2015/16. Although the number of investigations has decreased between the two years by 20% the conversion rate from referral to investigation has double from 5% to 10% returning to previous level. This may indicate that changes made by Police Scotland have assisted in improving identification of situations requiring investigation. There have also been a number of protection orders taken during the period of this report and there were none for the previous report.

2.2.1 Gender
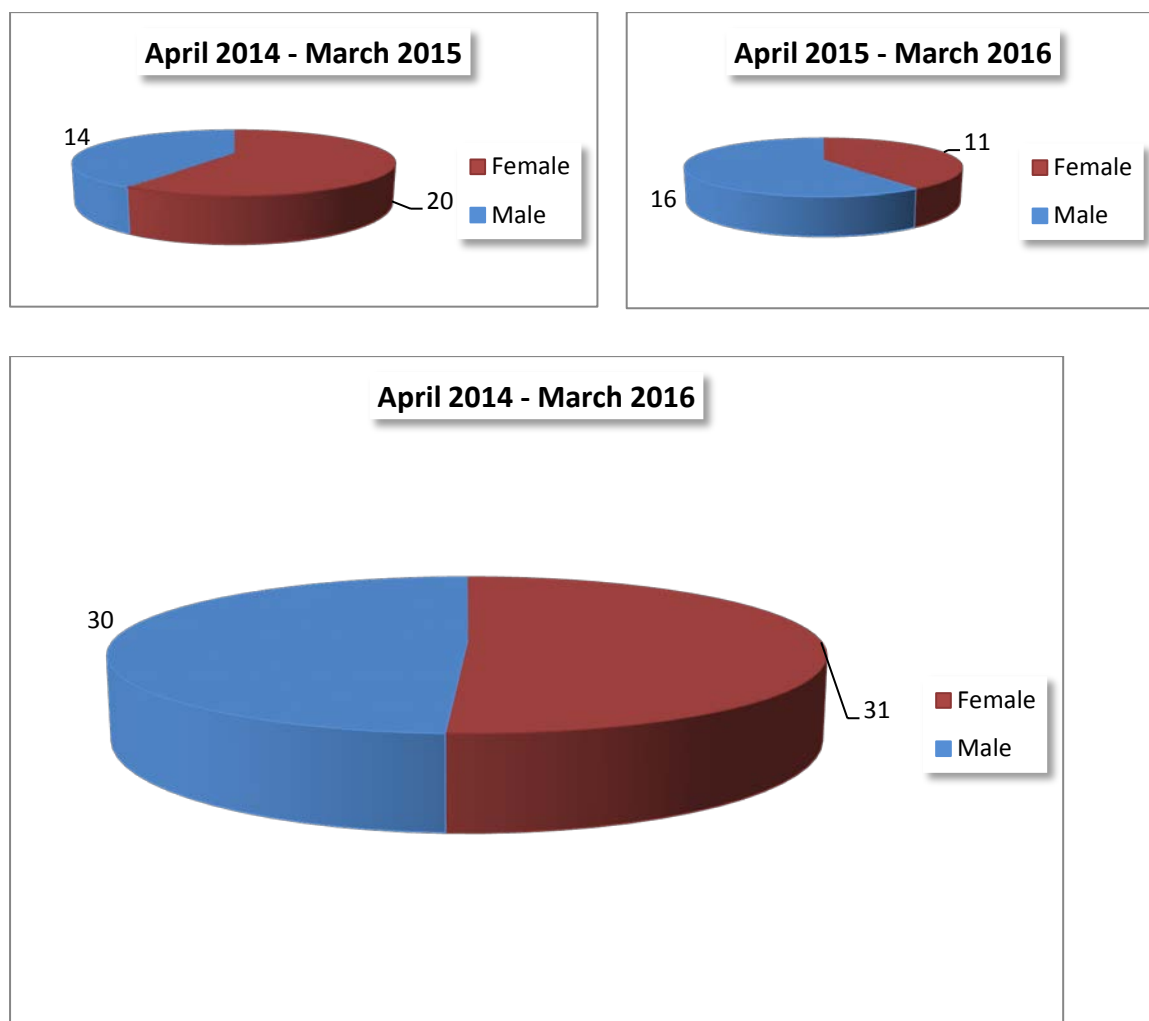
Since the first Inverclyde biennial report for 2008/10 females have consistently been identified as 20% to 50% more likely to be the adult at risk of harm where an investigation has taken place. This was also reflected in national statistics. For the first time in 2015/16 men were identified as 25% more likely to have been harmed where an investigation was required. Over the two year period this has resulted in the figures demonstrating that men and women have been equally at risk in Inverclyde. The reasons for this are unknown. It is anticipated that this will not be a trend and that both locally and nationally women will continue to be more at risk of harm than men but this will monitored.

2.2.2 Age Groups

April 2014 - March 2015

16-24	25-39	40-64	65-69	70-74	75-79	80-84	85+
0	8	7	6	3	3	5	2

April 2015 - March 2016

16-24	25-39	40-64	65-69	70-74	75-79	80-84	85+
4	4	6	2	3	2	2	4

April 2014 - March 2016

16-24	25-39	40-64	65-69	70-74	75-79	80-84	85+
4	12	13	8	6	5	7	6
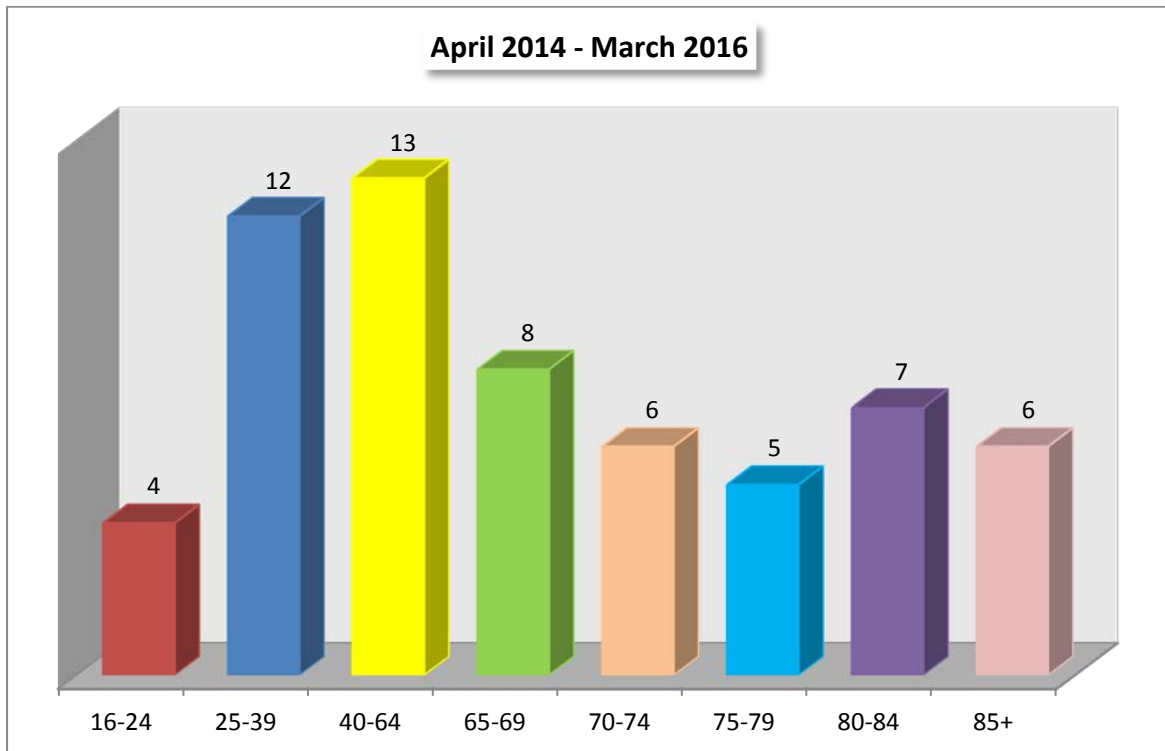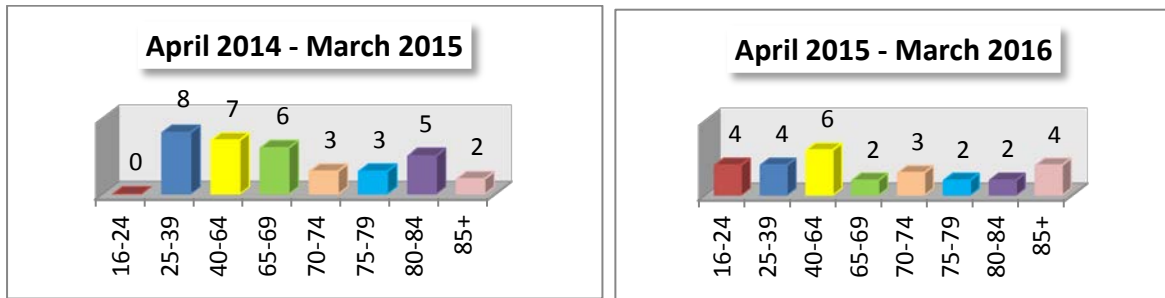
Since 2008 adult protection investigations have been most commonly been required for the over 65 year's age group however for the 2014 to 2016 period there is a more even split. The under 65 were represented in 29 investigations compared with 32 for the over 65 age group. It is too early to speculate the reasons for this but will subject to examination in the forthcoming year.

2.2.3 Client Categories

April 2014 - March 2015

Dementia	Mental...	Learning...	Physical...	Infirmity...	Substanc...	Other
2	4	6	8	7	2	5

April 2015 - March 2016

Dementia	Mental...	Learning...	Physical...	Infirmity...	Substanc...	Other
2	4	4	3	5	0	9

April 2014 - March 2016

Dementia	Mental Health Problem	Learning Disability	Physical Disability	Infirmity Due to Age	Substance Misuse	Other
4	8	10	11	12	2	14
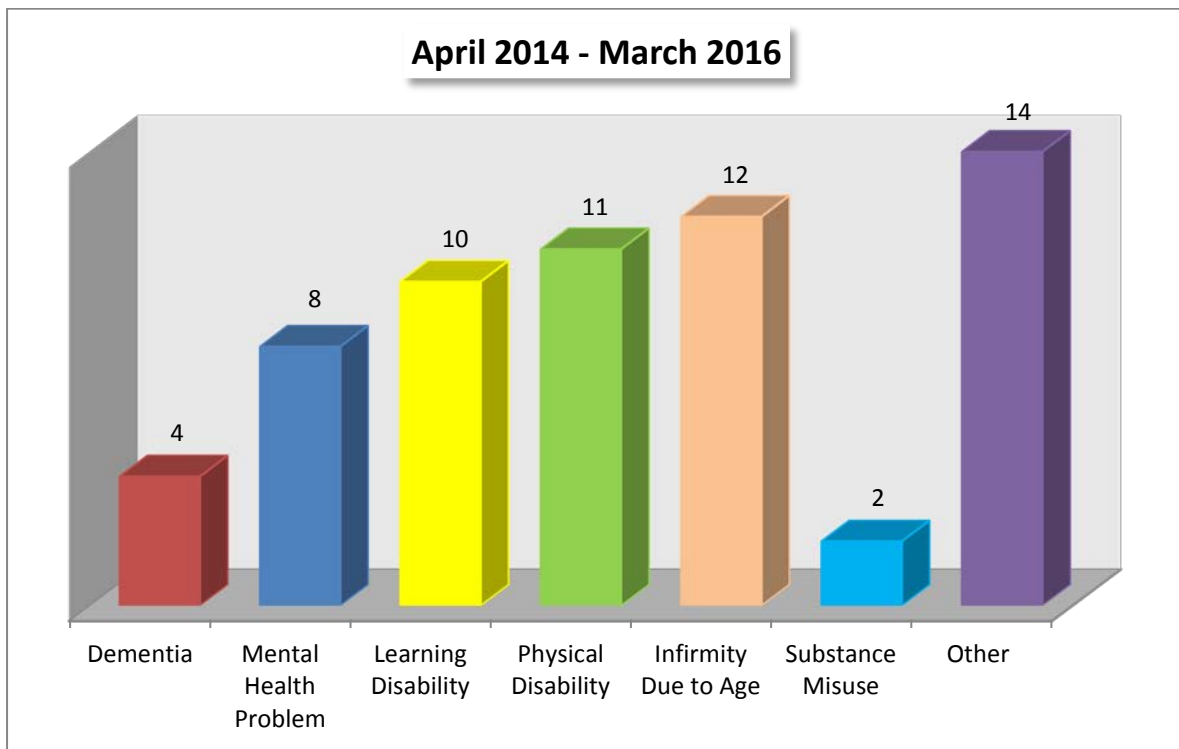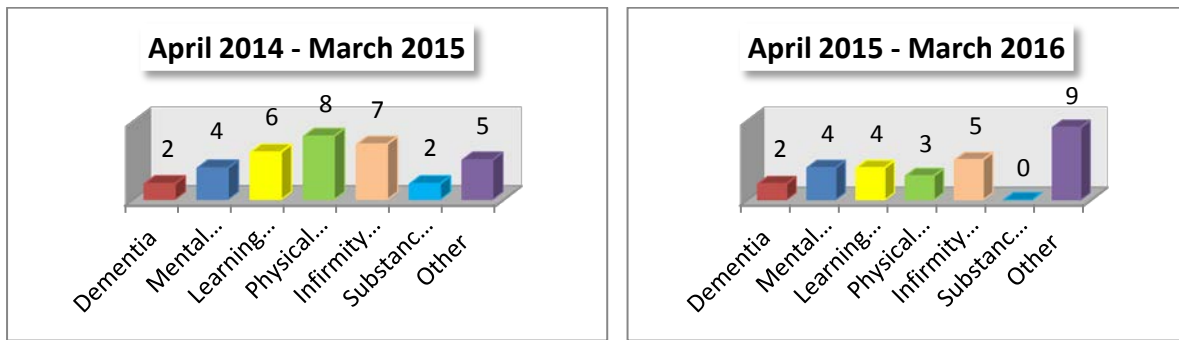
With the introduction of the Adult Protection SWIFT Module as part of the Management Information System the adult protection client category options were increased from 7 to 15. This has since been reviewed. There are two reasons for this.

With the introduction of the National Dataset the request was to report on 7 categories as listed above and a mapping exercise was undertaken to map the 15 categories previously reported on to the seven requested. The category of 'other 'has therefore been introduced to cover all categories not specifically reported on.

Within HSCP social work categories are also being reviewed. The drop down client categories list is accessed by staff across social work services and incorporates all categories required by all service areas. This list is now viewed as too extensive and for adult protection has not aided accuracy as was anticipated as it became increasingly difficult for staff to identify all possible relevant categories before selecting a category.

2.2.4 Harm Types
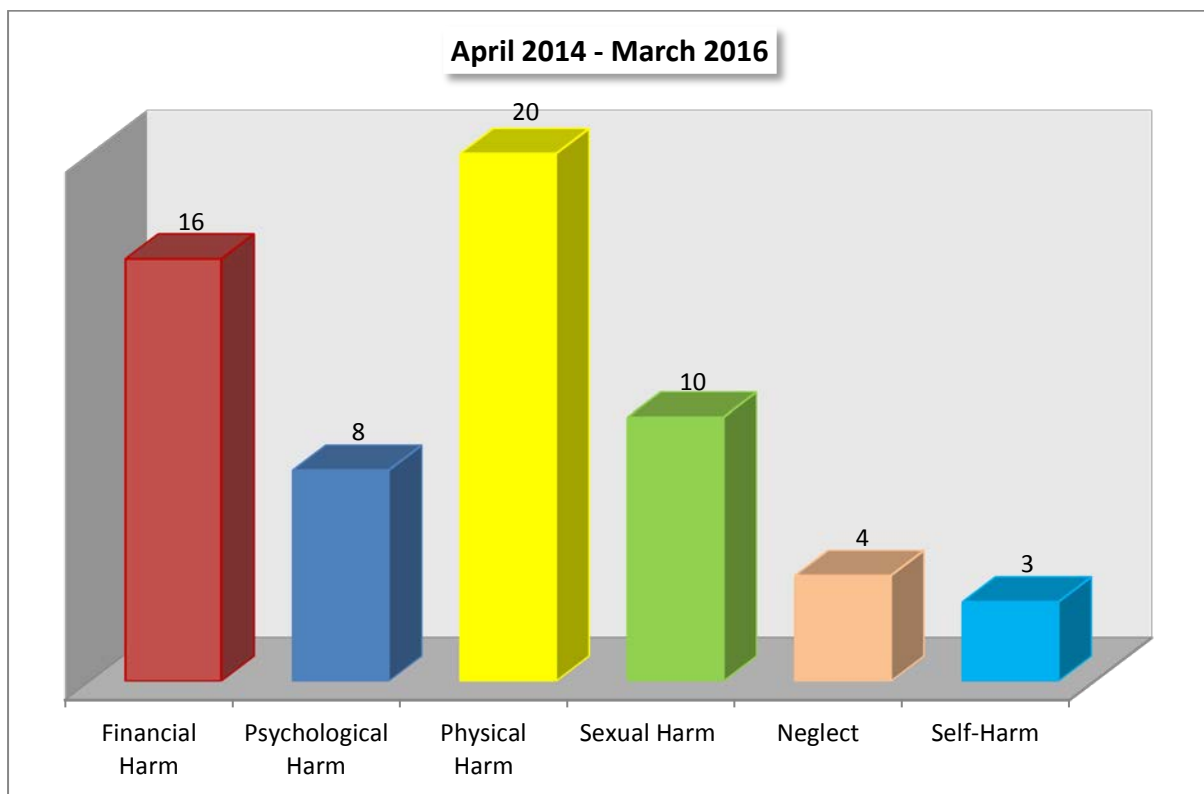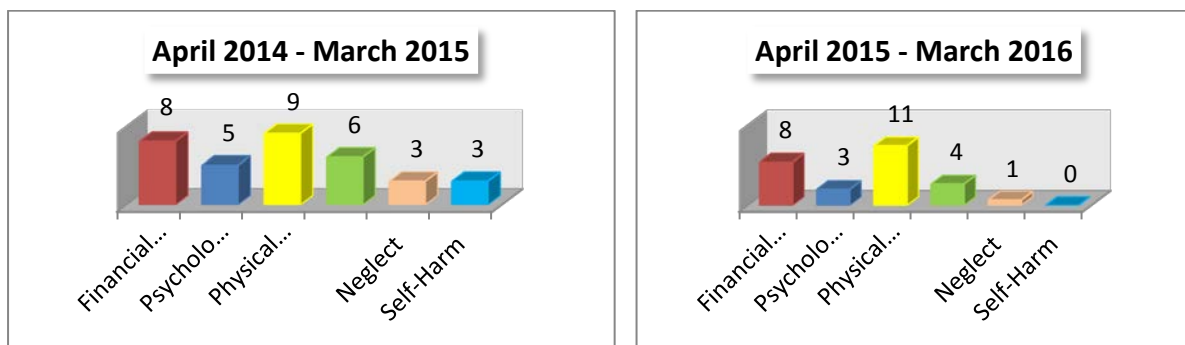
Since 2008 physical and financial have remained as two of the three main categories of harm. The third main category had been psychological harm and for the last biennial report was the second most common harm type accounting for 26% of all investigations. For the period of this biennial report psychological harm only accounts for 10% of all investigations. Financial harm both locally and nationally is increasingly being recognised as the 'tip of the iceberg' as commonly coexists with other harm types. This change may be accounted for by the primary harm type being recorded as financial harm rather than the psychological harm of verbal abuse and threats of violence that often accompanies this harm type. Sexual harm is now one of the main category types and now accounts for 16% of all investigations. This is a rise of 5% since the last report. Further consideration of this is required however the rise in reports of sexual harm could be linked to an increase in investigations relating to the under 65 age group and Inverclyde Learning Disability Health Team being proactive in their use of routine sensitive inquiry.

2.2.5 Location of Harm

April 2014 - March 2015

Own Home	Care Home	Shel...	Public Place
21	8	2	3

April 2015 - March 2016

Own Home	Care Home	Shel...	Public Place
20	4	1	2

April 2014 - March 2016

Own Home	Care Home	Shel Hous/Supp Accom	Public Place
41	12	3	5
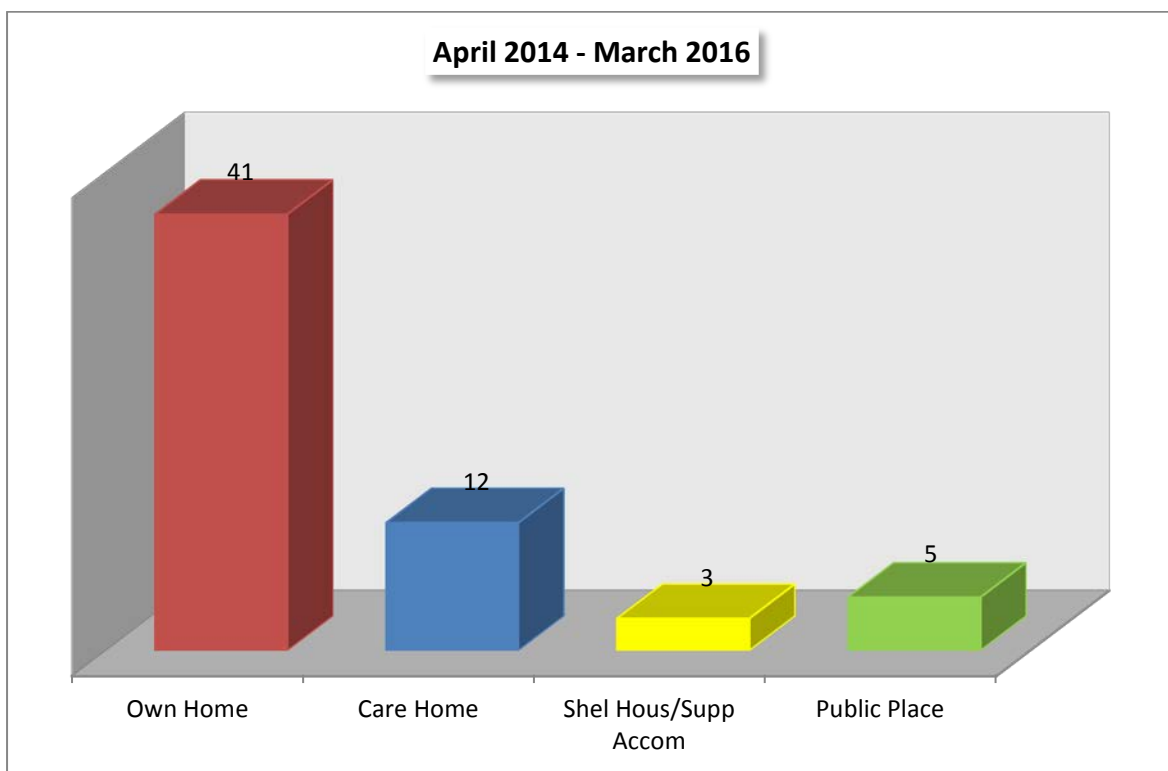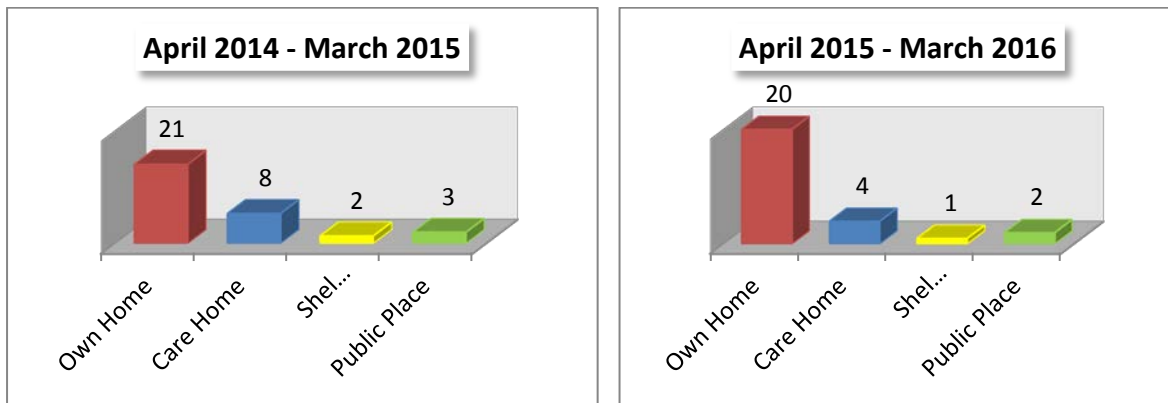
Private address and care homes continue to be the primary locations where harm has taken place when the investigation was initiated. For period of last biennial report private address accounted for 52% of investigations and care homes accounted for 31%. For the period of this report the figures are 61% and 20% respectively. Sheltered housing and supported accommodation are also people's private address however the figures potentially demonstrate they are safer given additional support provided. There have been a number of local initiatives in relation to adult support and protection in care homes which are likely to have impacted on statistics (section 3.1.1). Overall locally and nationally adults are at greatest risk within their own homes.

2.2.6 Sources of Harm

April 2014 - March 2015

Relative	Partner/Spo...	Friend	Neighbour	Self	Not Related
11	1	6	4	4	8

April 2015 - March 2016

Relative	Partner/Spo...	Friend	Neighbour	Self	Not Related
12	0	4	1	1	9

April 2014 - March 2016

Relative	Partner/Spouse	Friend	Neighbour	Self	Not Related
23	1	10	5	5	17
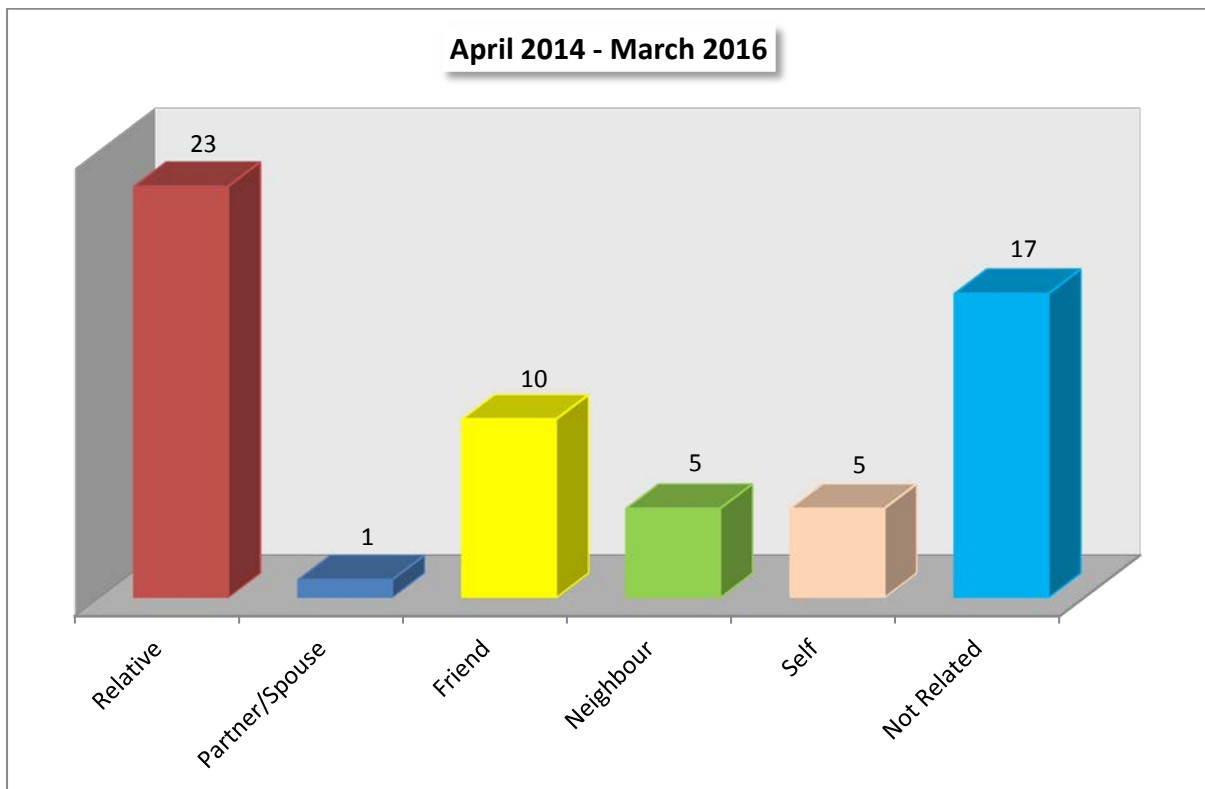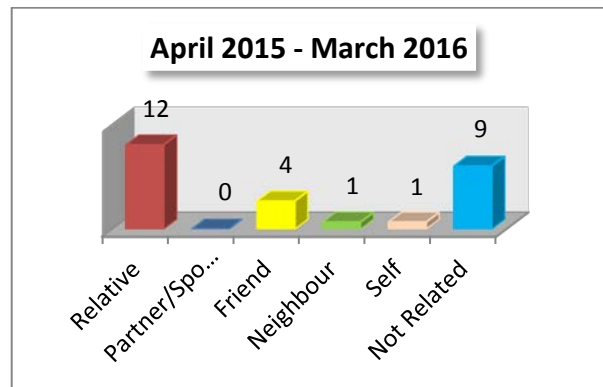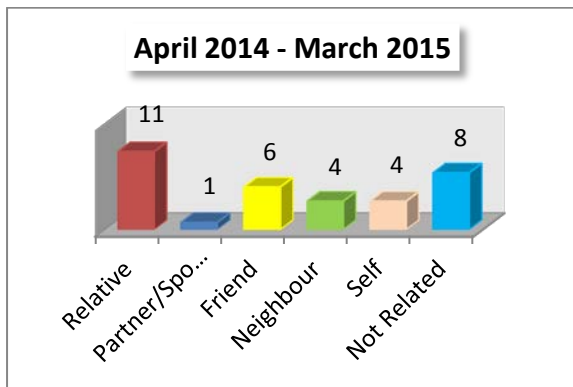
As illustrated above adults are at greatest risk in their own home and from people closest to them such as partners/spouses, relatives, friends and neighbours. Most adults would rely on such people to support and protect them. This is also reflected in national statistics.

2.2.7 Case Conference Type

April 2014 - March 2015

14
15
- Initial Case Conference
- Review Case Conference

April 2015 - March 2016

6
7
- Initial Case Conference
- Review Case Conference

April 2014 - March 2016

20
22
- Initial Case Conference
- Review Case Conference
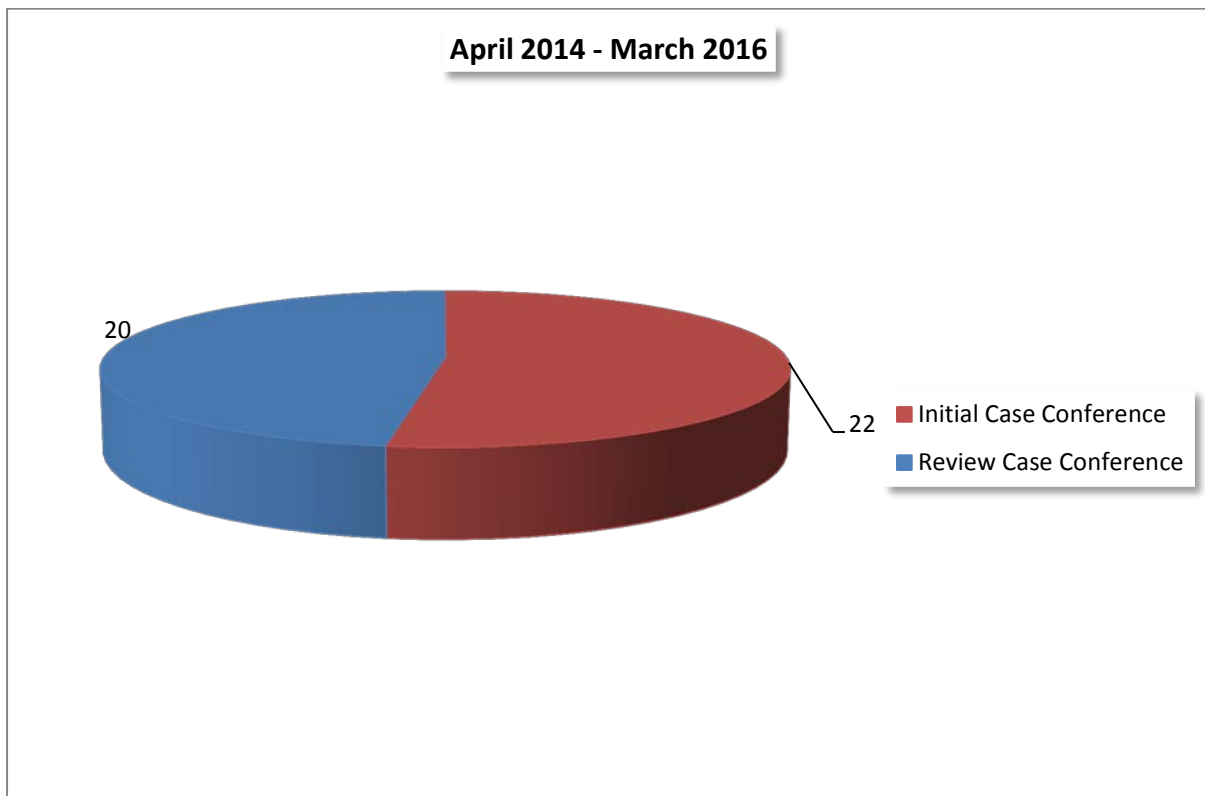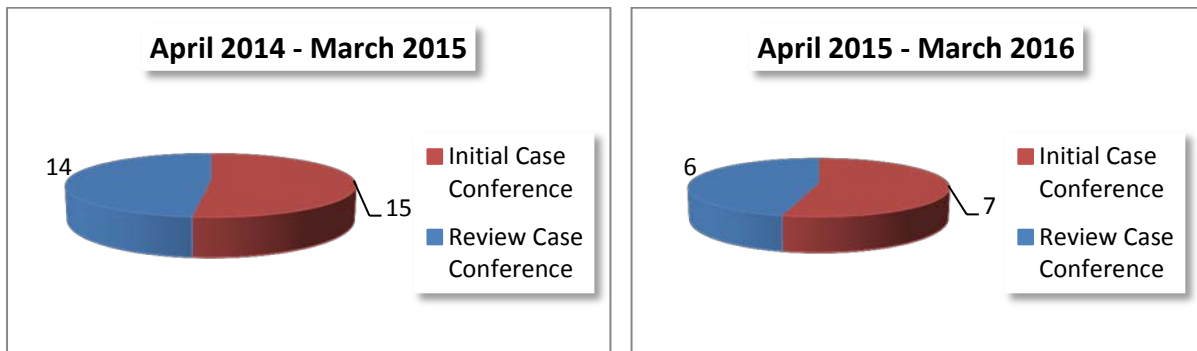
Since the period of the last biennial report there has been a significant decrease in the number of adult protection meetings overall and for both initial and review case conferences. At this point it would not be appropriate to speculate as to the reasons for this and will be subject to examination in the coming year.

2.2.8 Protection Orders

Banning Orders

Year	Temporary	Full
2009-2010	5	4
2010-2011	1	0
2011-2012	0	0
2012-2013	0	0
2013-2014	0	0
2014-2015	3	3
2015-2016	0	2
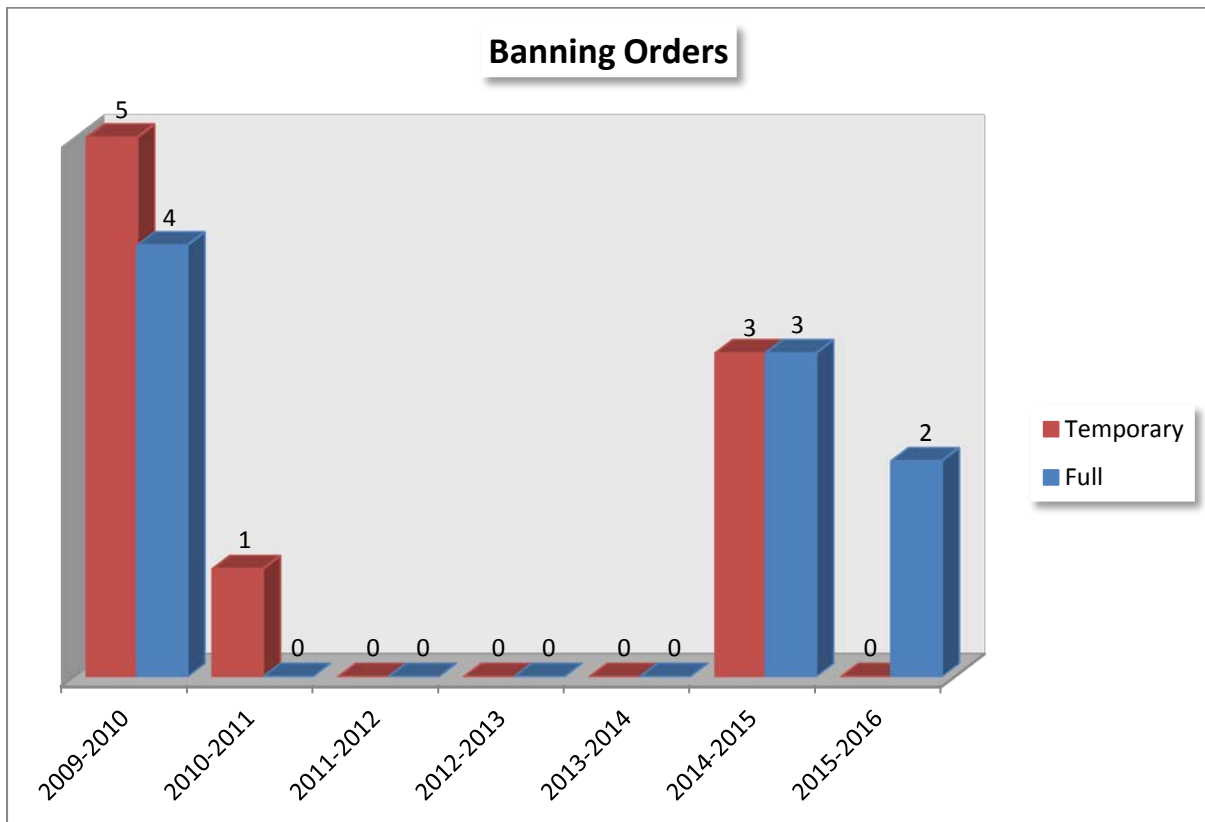
Although referral rates, conversion rates to investigations and numbers of adult protection meetings were higher for the biennial report period 2012 to 2014 there was no situation where protection orders were viewed as necessary. However 8 orders were applied for and granted in the last two years that significantly benefited the adults at risk concerned. The statistics suggest that there is better identification of those most at risk that require investigation and the most complex cases have resulted in protection orders.

3. Actions

3.1 Scottish Government National Priorities

In addition to the National Dataset the Scottish Government identified 4 other national priorities.

3.1.1 Adult Protection in Care Homes

Inverclyde was selected by the Scottish Government (SG) to be a pilot area with the remit of considering prevention of harm in care homes. As part of the pilot a working group was established the majority of who were service users and carers but included Scottish Care, nursing home, health and social work representatives.

As can be seen from performance information the number of investigations in care home settings has reduced. The working group identified a number of initiatives in place or in development. Although they were not directly related to adult protection they were aimed at supporting good quality care for residents. The working group viewed that these initiatives impacted positively to prevent harm in care homes. Some issues and gaps were identified that have since been taken forward. These included:

1. *Training*
   - Adult Support and Protection Training. In addition to homes providing in-house training care home staff at all levels have access to half day Multi-Agency Initial Awareness Adult Protection training (section 3.3.3).
   - My Home Life training has been made available to all care home managers and has been funded by Health and Social Care Partnership (HSCP).
   - Provision of specialist/specific training for universal experiences and common conditions e.g. end of life care and dementia training.

2. *Health Services*
   - Anticipatory Care Planning.
   - Development of CPN Psychiatric Care Home Liaison Service.
   - Development of District Nurse Care Home Prevention and Support Team.

3. *Advocacy*
   - Independent Advocacy for residents of care homes.
   - Peer Support via Carers Centre and Your Voice Community Care Forum.

4. *Quality Assurance Team and Governance Arrangements*
   - Announced and unannounced visits undertaken by contract monitoring officers.
   - Significant Event reporting by care homes using a bespoke tool.

The local culture was also viewed as having a positive impact. Care home providers and the HSCP view each other as partners with regular Provider Forums with agreed agendas. Care Home Managers readily contact HSCP staff for advice and guidance or to advise them of issues identified by them and actions taken. An indicator of concern can be isolation. Local

care homes aim to be connected and part of the community to avoid this. An impact of My Home Life training has been that care home managers advise and support each other whereas in the past they viewed each other primarily as competitors.

Since the working group other developments have taken place. These include:

- Development of Good Practice Guidance in joint working between Inverclyde APC and Care Home Providers. All care home places in Inverclyde are provided by the third sector. They all have an adult support and protection procedure, but it was recognised that there can be issues with that procedure being appropriate, accurate and up-to-date in a local context. Instead of the AP Coordinator advising on each procedure this guidance was jointly developed. It is anticipated that all care homes will be party to the document which covers adults at risk and adults with changing needs.
- Utilising the University of Hull Early Indicators of Concern framework.
- Establishment of Care Home Residents Review Team. The review team work with the District Nurse Care Home Prevention and Support Team, CPN Psychiatric Care Home Liaison Service and residents and their families to identify and address concerns at an earlier stage.
- Development of West of Scotland guidance for investigations in care homes which clarifies the roles and responsibilities of all key agencies including the care provider.

3.1.2 Financial Harm

As can be seen under performance information financial harm continues to be the second most common type of harm. The Adult Protection Committee (APC) held a financial harm event in February 2015. Presentations were provided by police, trading standards, Royal Bank of Scotland (RBS) and the adult protection coordinator. This event was well attended and received.

Two of the main suggestions from the audience were the provision of a succinct fact sheet with key contact details and the development of multi-agency financial harm training. Both are currently in development and the adult protection coordinator has been working with training, trading standards and police colleagues to develop both. The aim is for the fact sheet to be relevant to both staff and service users and carers and for the financial harm course to commence from January 2017 and to be available to as wide an audience as possible. There will also be briefings for staff such as home helps who will be provided with the fact sheet.

The local branch of RBS also held a 'vulnerable customer's event' and this was supported by key agencies including adult protection, who worked together on the day to provide the best advice possible. A number of adults sought assistance with some very vulnerable customers having lost very substantial sums of money to people close to them or to scammers. This event created an opportunity for vulnerable bank customers to obtain assistance most of whom would not have directly contacted relevant agencies.

It is recognised that financial harm goes beyond the remit of the adult support and protection legislation however it is likely many of those adults who do remain unknown. The aim in the

coming two years is to identify other opportunities to reach adults who are not known or who would not contact agencies direct and to work with partner agencies to better educate the public and staff about the issues. It is hoped that this will assist to prevent issues but may also mean that ASP referrals in respect of financial harm are likely to increase as identification improves.

3.1.3 Service User and Carer Involvement

Engaging, involving and supporting the local community continue to be an ongoing priority. Service user and carer representatives continue to be members of the APC and link with the Your Voice Adult Protection sub group (appendix 1). There is also crossover membership with the HSCP Integrated Joint Board which has been beneficial.

The majority of developmental events organised by the APC have been open to and well attended by service users and carers. They are largely publicised via the Your Voice Network and the Carers Centre. To date service users and carers have not been involved in co-production of these events. The adult protection coordinator has been asked to be a member of the working group with the purpose of refreshing the Anti-Stigma Partnership. The aim is for an event being planned by them to be coproduced. It is hoped that the APC can take the learning from this approach and apply for use in forthcoming APC events.

Local public information on adult support and protection such as leaflets and posters have always been developed using service user and carer focus groups. Service users and staff identified that there was a lack of film material that depicted harm types. Ten short videos were commissioned and produced by the APC. The aim of the project was to produce material which would clearly demonstrate the five main types of harm adults at risk may experience and increase awareness of these issues within the vulnerable community, local services and wider population of Inverclyde. In order to maximise effectiveness, the stories and scripts for the ten, two minute videos were developed by the production company working in conjunction with a focus group involving service users across client groups, carers and support staff. The videos use real life examples. Based on the experience of the focus group, the key messages identified were:

- If it doesn't feel right, it isn't right for me and I won't put up with it.
- Feel empowered to report incidents of harm.
- This used to happen to me but it doesn't now – it's sorted.

Casting included adults who themselves had disabilities in relevant roles with the project working closely with People First who gave advice and made suggestions which were incorporated.

The videos form the basis of the Inverclyde Understanding Harm Campaign. A launch event was held in January 2016. The videos will used at training, shown at events and are running on all HSCP screens in reception areas and are available on YouTube. DVDs have been distributed to local third sector service providers as well as to other agencies and APCs.

The Adult Protection – Understanding Harm videos can be viewed on Inverclyde Council's dedicated You Tube channel –

https://www.youtube.com/channel/UCvJ2hbsJ1ieDgfePOoOhHDg

In addition to the videos information regarding adult support and protection is available on the Council website with both local public information and nationally produced publicity having being circulated to relevant public venues. There has also been information in the local press. However it is recognised that many people will remain unaware of adult protection. Identifying opportunities to raise awareness of adult support and protection within the community and with adults at risk is an ongoing priority. This particularly given our local statistics demonstrate that adults at risk are most at risk in their own home and from those closest to them.

3.1.4 Adult Support and Protection A&E

As can been seen from performance information and source of referral collectively health colleagues make the same number of referrals to those made by social work staff. Within Inverclyde it is recognised that there has been a stronger focus on ASP in the context of community health services given the move to becoming a CHCP and then a fully integrated HSCP.

The national working group developed bespoke A&E settings Adult Support and Protection training toolkit. NHS Greater Glasgow and Clyde supported this initiative. The adult support and protection agenda within A&E and acute sector will have a stronger focus in the business plan for 2016-18.

3.2 Policies and Procedures

3.2.1 Good Practice Guidance in joint working between Inverclyde Adult Protection Committee and Care Home Providers

As referred to previously has been developed (section 3.1.2).

3.2.2 A Good Practice Guidance in Joint Working between Inverclyde Adult Protection Committee and Social Housing Providers in Inverclyde

This has also been developed and agreed with all housing associations. The guidance covers both adult protection situations and those relating to adults in need.

3.2.3 Forced Marriage and Honour Based Violence: responding to those at risk. Multi-agency Guidance

The adult protection coordinator was part of a multi-agency group to develop local procedures in respect of forced marriage. This procedure has assisted staff but was promptly reviewed to include honour based violence following learning identified from case work undertaken under the auspices of adult protection. The aim is to use this experience to create a learning opportunity for identified staff with lead responsibilities.

3.2.4 Child Protection and Adult Protection

Child care and adult protection colleagues are working together to develop local procedure given that the protection of 16 and 17 year olds will potentially come under both the Children and Young Persons (Scotland) Act 2014 and the Adult Support and Protection (Scotland)

Act 2007. This procedure will be incorporated into both the local Child and Adult Protection Procedures.

3.2.5 West of Scotland Guidance for investigations involving allegations against staff in care settings

Experience across the west of Scotland indicated that such investigations had been challenging. The adult protection coordinator chaired a multi-agency working group. This guidance was developed outlining the roles and responsibilities of key agencies, prompts to need for well-coordinated investigations and provides guidance to Council Officers regarding interviewing staff.

3.2.6 Inverclyde Adult Protection Policy, Practice Standards and Operational Procedures

It was planned that this document would be reviewed as part of the business plan for 2014 – 16. This has been delayed and will now be undertaken in 2016/17 given a number of factors. There has been a delay in finalising the refreshed West of Scotland Guidance. Over the period of this biennial report Inverclyde became an HSCP with all teams now integrated with no separate social or health premises. The review group will now include staff from both health and social work including business support staff. The legal responsibility remains with Council Officers however organisational and structural changes require to be reflected in the document. This is to ensure clarity for both health and social work staff including reception staff that will often be the first point of contact. Health professionals have regularly acted as second worker in investigations and this also requires to be reflected in the procedure. The finalised procedure for child and adult protection in respect of 16 and 17 year olds will also be incorporated.

3.3 Learning and Development

Improving the skills and knowledge of public bodies and officers holders has continued to be a priority. Since the majority of staff received core training there has been a wealth of experience gained from translating the theory into practice. Courses been developed utilising the learning from this experience and meeting identified gaps. Two examples of this already provided in this report are in respect of Financial Harm training and learning from Forced Marriage and Honour Based Violence concerns.

3.3.1 Procedures Training

During the period 2010 to 2012 there was an on-going programme of one day Procedures Training. All CHCP social work and health staff who would act as Council Officers or second worker for investigations and their managers attended this training. The view of Council Officers was that those involved in investigating concerns required to be trained to the same standard. This approach has been viewed as beneficial with frontline social work and health staff having a clearer understanding of the legislation and a greater clarity as to their roles and responsibilities. This course is currently under review and a new 2 day course is being piloted. Given the level of practice experience gained since the original training was delivered the content has been augmented to include being more relevant for health staff,

greater emphasis on engagement and person centred practice, risk assessment and enablement and outcomes. This course will be compulsory for both new and existing HSCP staff involved in investigations. The course is also being designed so that it complements assessment and care management training.

3.3.2 Recording and Defensible Decision Making

From previous audits it was viewed that staff from both Health and Social Work involved in adult support and protection cases would benefit from this training. The course was very well evaluated creating an opportunity for staff to further develop their skills and practice.

3.3.3 Multi Agency Initial Awareness Training

This course has now been running in Inverclyde for the last five years. It is open to any member of staff working for any agency or public body. This includes staff from the private and voluntary sector, and Registered Social Landlords. The course aims to help staff to become aware of signs that adults may be being harmed and to know how to respond and report. The course is run for multiagency groups of staff to support participants to work together across services in order to effectively support and protect adults. Those attending are also provided with a 'Quick Guide' to adult protection which details key information and local contact details.

3.3.4 Hate Crime Awareness and Third Party Reporting Training

This course is delivered by Police Scotland but organised via the adult protection support unit. The course is aimed at any agency that is in direct contact with the public and may require to offer advice or support in respect of Hate Crime, the making of a Third Party Report or signposting to appropriate assistance. A direct impact has been the increase in the number of Third Party Reporting Sites. Data regarding numbers of attendees from relevant organisations are made available to the Equalities Group.

3.3.5 ASP Training Course Statistics

This is available at appendix 2

3.4 Mental Health Services

The most complex adult support and protection cases have often required consideration and the use of more than one of the main pieces of legislation that can be used to protect adults at risk in Scotland and in particular the use of the Adults With Incapacity (Scotland)Act 2000.

3.4.1 Crisis Response Service.

A significant proportion of all adult protection referrals received are in respect of people who are known or believed to have mental health issues and who come to the attention of agencies when in crisis. In most instances a response under the auspices of adult support and protection is not appropriate. Inverclyde Community Mental Health Team has developed a Crisis Response Service to meet the needs of local people who experience mental health issues which dovetails with NHS GG&C Community Psychiatric Nurse Out of

Hours Service. The service has been operating since January 2015. The service works collaboratively with existing mental health and social services and the police as required and complements pre-existing services.

3.4.2 Actions under Adults with Incapacity legislation.

Services within Inverclyde are also increasingly being provided to an ageing population, who therefore require additional supports in relation to managing lost capacity around financial and welfare decisions. In terms of actions under this legislation there has been a significant increase in overall activity over the last two years. Actions have been taken to prevent risk of harm and in response to adult protection situations where harm to an adult has happened.

4. Outcomes

As has been outlined in previous sections work is being been undertaken in identified key areas with the aim of improving outcomes and performance. These include better:

- partnership working with care homes to support better quality care in care homes and reduce likelihood of harm (section *3.1.1*)
- awareness of financial harm with those most vulnerable and staff from relevant agencies (section *3.1.2*)
- responses to people in distress and crisis (section 3.4)
- involvement of service users and carers in the work of the APC (section 3.1.3*)*
- community awareness of adult support and protection and of where to seek assistance (section 3.1.3)

4.1 Audit

Different audit types were undertaken to consider adult protection practice during 2014 -16. These were:

1. **Referrals which did not proceed to investigation -** This is the first audit focusing on referrals that did not result in formal adult protection investigation stage. The emphasis was therefore more on decision-making and early intervention. There were a number of individuals who had multiple referrals. It was agreed to identify single referral and all cases with the largest number of multiple referral would be considered. 46 referrals relating to 25 individuals were audited.

2. **Multi-agency case file audit -** The intention was to audit 9 case files but 3 files were read due to issues with consent. It was noted that some cases were highly complex.

3. **Audit of social work adult protection case files -** Eight adult protection cases were randomly selected ensuring there was a file chosen from each adult service team.

Whilst recognising there is room for improvement to ensure a consistently high level of support and protection is provided the identified key strengths in practice were:

- information was being shared appropriately
- good multi-agency working
- good user and carer involvement
- good recording
- evidence of positive personal outcomes
- service users are being protected when involved in the adult protection process

Specific areas identified for improvement:

- better recording and use of chronology
- better evidencing of supervision and line management support and oversight
- improved completion of management information systems
- ensuring adult protection procedures are followed consistently across all operational teams.
- ensuring there is appropriate conclusion and ending of the investigation.

- further clarification between adult and childcare services regarding referrals in respect of 16 to 18 year olds

In response to these identified areas work was undertaken to clarify procedures in relation to young people (section 3.2.4), the development and delivery of Recording and Defensible Decision Making (section 3.3.1) and a review undertaken of Procedures Training (section 3.3.1) with a new course being delivered. In addition refresher training has been provided to social work staff including admin staff in respect of completion of social work management information system (SWIFT).

4.1.1 Future Audits

Planned for 2016/18 is to undertake a further multi-agency case file audit. In addition a proposal for a rolling programme of qualitative monthly case file reading is under consideration. The aim is to audit 60+ cases annually with them being undertaken by Service Managers and Team Leads. Adult protection cases and referrals not leading to investigation would be included. Consideration is also being given to thematic reviews which could include;
- chronologies
- information sharing and communication
- multi-agency working
- case transfers

4.2 Evaluation of service users and carers experience of adult support and protection.

In 2012 and 2013 evaluations were undertaken in respect of the experience of adults who have been involved in the adult support and protection process. There have been no evaluations during the period of this report. Evaluation will be undertaken during 2016/17. For consideration will be the content of this evaluation and who undertakes. An aim would be to evaluate as to whether actions undertaken to date have impacted on service user and carer experience.

4.3 Citizens Panel and Your Voice Panel.

The business plan will include an action to repeat questions on adult support and protection in both the Citizen and Your Voice Panels. The aim is to evaluate the impact of information regarding adult support and protection that has been in the media and public domain. This will include local impact of national media campaigns and of local material including Understanding Harm videos.

5. Challenges

Issues in no particular order

1. Financial climate – cuts, reorganisation, loss of experienced staff.
2. Aging population and increasing numbers of vulnerable people living in our communities.
3. Increasing range and sophistication of financial scams.
4. Making the most vulnerable aware of the legislation and help available given statistics tell us that those most at risk live alone and are at risk from those who should protect them.
5. Those most at risk and having cognitive impairment accessing justice. Unreliable witness issues.
6. Being more proactive – use of routine sensitive enquiry with those people who may find it more difficult than others to initiate conversation/disclosure.

6. Business Plan

Aims	Objective	Output	Outcome	Timescale	Lead Officer
General					
To further improve identification of adults at risk of harm, to provide support to them when it is needed and to provide the means to protect them from preventable harm.	Improve content and completion of Adult Protection Module for SWIFT.	Review content of the Adult Protection Module. Keep under review and audit completion of the Adult Protection module.	Inverclyde HSCP/Council is meeting its duties and responsibilities under the Adult Support and Protection (Scotland) Act 2007.	September 2016 and 6 monthly thereafter.	Adult Protection Coordinator and SWIFT Team Lead.
	Improve completion of NHS DATIX System in respect of adults at risk of harm.	Local review of implementation and interface of the DATIX system in respect of adults at risk of harm.	Inverclyde HSCP/Health is meeting its duties and responsibilities under the Adult Support and Protection (Scotland) Act 2007.	March 2017 and annually thereafter.	Service Manager Quality and Development and Adult Protection Coordinator.
	Improve identification and referral of adults at risk of harm via Adult Concern Reports.	Undertake a review and analysis of concern reports received.	Inverclyde HSCP and Police Scotland are meeting their duties and responsibilities under the Adult Support and Protection (Scotland) Act 2007.	December 2016 and annually thereafter.	Police Scotland K Division and Adult Protection Coordinator.

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Aims	Objective	Output	Outcome	Timescale	Lead Officer
Quality Assurance					
▪ Safe outcomes for adults. ▪ Practice standards and guidance. ▪ Robust policies and procedures.	Continued use and framework for self and joint evaluation.	▪ Single agency monthly thematic audits. ▪ Annual audit of referrals not leading to investigation. ▪ Multi Agency case file audit. ▪ Service User and Carer evaluation / Audit of experience of Adult Support and Protection.	To have a robust quality assurance performance framework in operation providing regular reports to both the Adult Protection Committee and appropriate stakeholders.	Commence January 2017. July 2017 and 12 monthly thereafter. September 2017. June 2017 and annually thereafter.	Adult Protection Quality Assurance Working Group.
		▪ Audit of SWIFT AP Module	Completion and submission of National Dataset to Scottish Government	6 monthly till April 2017 and annually thereafter.	Adult Protection Coordinator
	Review interim inter-agency framework for Significant Case Reviews.	Establish an agreed criteria and procedure for such reviews.	Confirmed from last business plan as national inter-agency review not yet published. Aim to incorporate recommendations.	By March 2018.	Adult Protection Coordinator

Aims	Objective	Output	Outcome	Timescale	Lead Officer
Training					
To make, assist in or encourage the making of arrangements for improving the skills and knowledge of officers or employers of the public bodies and office holders to which this section applies.	Refreshed training strategy incorporating the different roles and responsibilities across statutory, voluntary and private organisations.	Implement training strategy. Provide ongoing training. This includes: ▪ Multiagency Initial Adult Support and Protection Awareness ▪ Financial Harm Training ▪ Review procedures ▪ Forced Marriage and Honour Based Violence learning opportunity ▪ Self-Harm Event and learning from Significant Case Reviews ▪ Learning from a specific ASP SCR event.	Staff at all levels across agencies have the necessary skills and knowledge required for their post.	Ongoing 2 x monthly until January 2017 thereafter monthly. January 2017 and monthly thereafter. November 2016 and quarterly thereafter. August 2016. April 2016. November 2016.	Adult Protection Training Working Group.

Aims	Objective	Output	Outcome	Timescale	Lead Officer
		NHS Implementation of bespoke A&E Training.		2016/17	NHS GG&C ASP Liaison Group and Adult Protection Coordinator.
		Evaluation of Training.		Ongoing.	Adult Protection Training Working Group.
Ensure all levels of staff, service users, carers and the wider community have access to appropriate training.	To have events co-produced.	Seminars, inputs and presentations to local bodies, service users and carers and at public events.			Adult Protection Training Working Group.
		Provide places at APC organised events as appropriate to service users, carers and community representatives.	Financial Harm Training.	January 2017 and monthly thereafter.	
		Provide access to appropriate training to service users, carers and community representatives.	Multi Agency Initial Awareness Training.	Ongoing 2 x monthly until January 2017 thereafter monthly.	
			Adult Protection/Sexual Health Training for Adults with learning disabilities.		
			Safety Course – adults with learning disabilities.		

Aims	Objective	Output	Outcome	Timescale	Lead Officer
The Adult Protection Committee has the skills and knowledge to fulfil as functions		Members have access to all relevant training as required. A minimum of two developmental sessions per year.		See training dates.	

Aims	Objective	Output	Outcome	Timescale	Lead Officer
Communication and Engagement					
To improve co-operative working in order to safeguard adults at risk in Inverclyde across statutory, non-statutory agencies and the public.	Update Communication Strategy.	▪ Review communications planner. ▪ Repeat Citizen and Your Voice Panels. ▪ Review impact of Understanding Harm DVDs – YouTube 'hits'. ▪ Support National campaigns. ▪ Update website. ▪ Consult on content of ASP website pages. ▪ Service user evaluation. ▪ Co-production of events.	To have an effective inter-agency communication strategy where everyone is aware of their role and responsibility to protect adults from harm.	September 2016. Winter / Spring 2017. February 2017. As arises. Ongoing. April 2017.	Adult Support and Protection Communication and Engagement Working Group.

Aims	Objective	Output	Outcome	Timescale	Lead Officer
	Work in partnership with users and carers to ensure safeguarding arrangements and interventions adhere to principles of the Act and actions and services are effective.		Create opportunities for adults at risk to contribute to practice development.		Adult Support and Protection Communication and Engagement Working Group.

| Aims	Objective	Output	Outcome	Timescale	Lead Officer
Policies and Procedures					
To keep under review the procedures and practices of the public bodies and office holders to which this section applies**.**	Review existing Inverclyde Adult Protection Policy and Practice Guidelines in line with 2016 West of Scotland Guidance review, reviewed Code of Practice, changes to Police Scotland process and context of a fully integrated HSCP.	Review procedures.	To have a robust process of reviewing policy and procedures to reflect current research, practice, policy drivers and legislative change.	April 2017.	Adult Protection Coordinator.
	Review existing Child and Adult Protection Interface Multiagency guidance.	Review procedures.		June 2016.	Adult Protection Coordinator and Team Leader Quality Assurance.
	Review existing Child and Adult Protection Interface Multiagency guidance.	Review procedures.		January 2018.	Adult Protection Coordinator and Child Protection Coordinator

Aims	Objective	Output	Outcome	Timescale	Lead Officer
	Review existing Adult Protection Quick Guide.	Review document.		April 2017.	Adult Protection Coordinator.
	Extend Good Practice Guidance for use with 'other' service providers.	Adapt and develop existing guidance documents used with Registered Social Landlords and Care Home Providers.		October 2017.	Adult Protection Coordinator and Service Provider Representation.
Better coordination of Public Protection agenda where there is a shared or common purpose.	To develop an effective Network which supports the promotion of wellbeing; equality; diversity; effective collaboration; cooperation; communication; information sharing and joint partnership working across existing public protection fora.	When and where possible, share respective resources to deliver joint initiatives and items of mutual interest.	Establish and develop a Public Protection Network.	September 2017 and quarterly thereafter.	Chief Social Work Officer and officers with a lead or coordinating role.

Aims	Objective	Output	Outcome	Timescale	Lead Officer
	To coordinate an agreed model for public information; communication and engagement by way of annual community engagement initiatives; aimed at building community capacity and confidence. To identify, share and exchange learning; policy and practice developments in relation to protecting vulnerable people and keeping people safe.				

Aims	Objective	Output	Outcome	Timescale	Lead Officer
	To promote staff learning and development by delivering and contributing to wider Workforce Development opportunities. To provide a Network which promotes peer support; challenge and is focussed on continuous improvement; aimed at delivering better outcomes for vulnerable people across Inverclyde.				

7.1 Your Voice Network, the HSCP and the Inverclyde Alliance
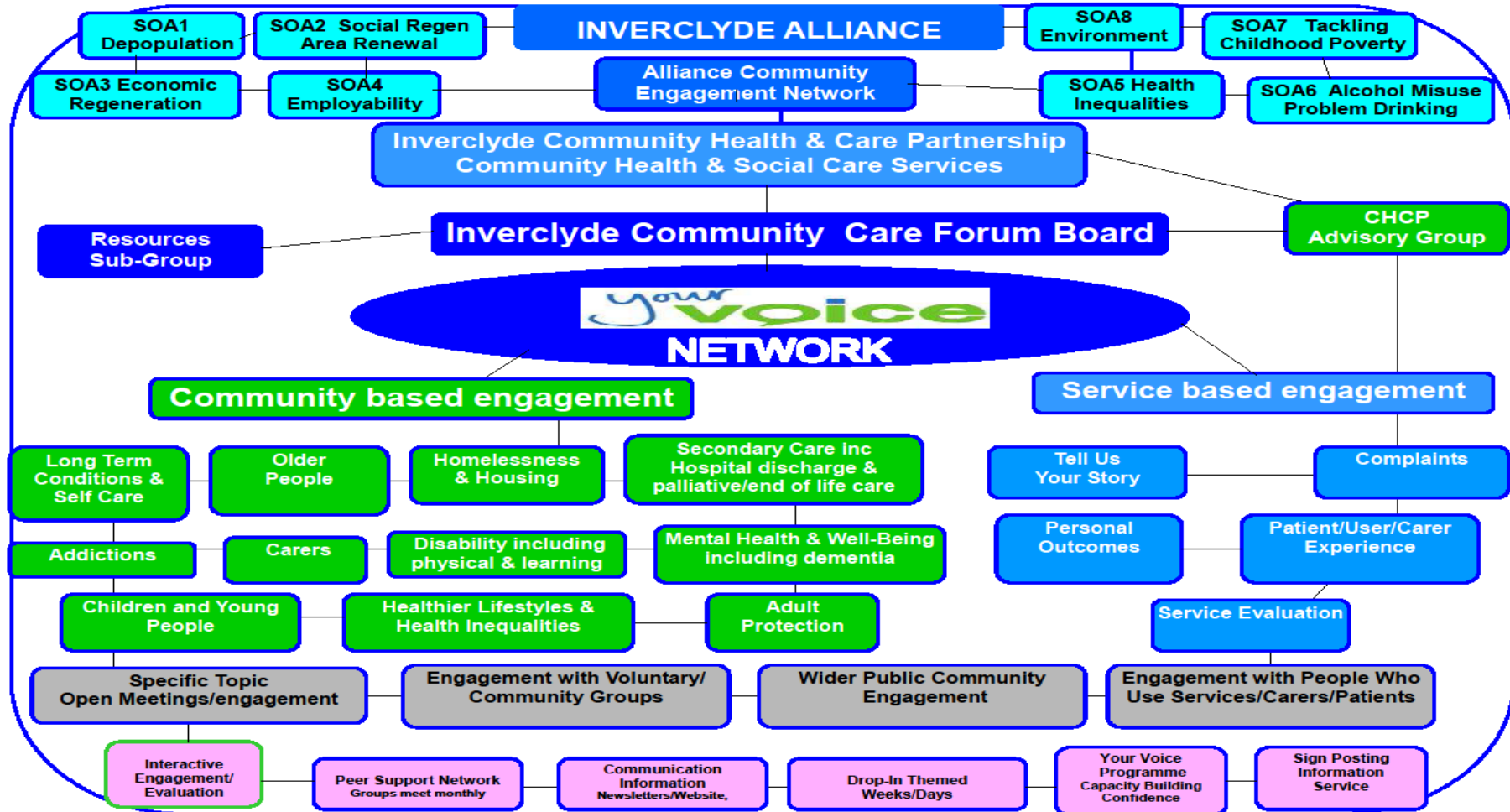
7.2 ASP Training Course Statistics

Course Name	Agency / Service										Total
	HSCP Social Work	HSCP NHS GG&C	Inverclyde Council	NHS GG&C Acute	Housing Association	Voluntary Sector	Private Sector	Police Scotland	Scottish Fire & Rescue	Member of Public / Other	
Awareness Training	397	61		19	46	68	224	2			**817**
Procedures Training	25	10									**35**
Recording & Defensible Decision Making	38	9									**47**
Financial Harm Event	35	4		1	4	17	10				**71**
Understanding Harm Event	19	4		3	3	16		2	1	8	**56**
Hate Crime Awareness & Third Party Reporting	49	3	23		19	23	4	2	2		**125**

Note; members of the public also chose to be included under 'voluntary sector '.