

Perth and Kinross Adult Protection Committee



Biennial Report by Independent Chair 2014 -2016

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1 Introduction

I am pleased to present the Independent Chair's Biennial Report from the Perth & Kinross Adult Support and Protection Committee (APC) for the years 2014-2016. It is my continuing privilege to chair a very active committee which is so well supported by the statutory organisations, the voluntary and independent sector, and on our work on financial harm by the financial sector.

The work of the committee and partners is described in the following report, and it reflects the challenges and changes to protecting adults and in engaging with the wider public protection agenda.

This has been a busy two years for the Adult Protection Committee, following through on the national priorities and on local issues; The Christie Commission Report and its challenge on prevention and joined-up working; with the continuing development of Police Scotland; the introduction of the integration of Health and Care (Public Bodies (Joint Working) (Scotland) Act 2014); Self-Directed Support, while public services have had to deal with the impact of austerity measures.

The committee continues to hear from local case studies at each meeting which allows the development of themes, and to understand the challenge to multi-agency action, and joint working in real time.

The Adult Protection Committee (APC) has taken forward many of the recommendations in the 2012-2014 Biennial Report.

I would wish to thank the committee members and officers of Police Scotland, NHS Tayside, Perth & Kinross Council, and voluntary and independent sectors for their commitment and support in my role as Independent Chair. A particular thank you goes to Nick Johnstone of the Royal Bank of Scotland for his support in pushing forward our work on financial harm.

As ever Mary Notman's commitment and energy in supporting the committee deserves our fulsome thanks.

Alex Davidson
Independent Chair

2 Achievements/Progress Since Last Report

The committee's achievements/progress with our partners since the last report include the following.

2.1 Increase Awareness of Financial Harm

Financial harm was been one of the main national priorities and the Adult Support and Protection Committee (APC) has been very proactive in engaging partner agencies at a local level, and have been supported by the financial and legal sectors and local voluntary organisations. We held financial harm workshops for the financial and legal sectors, with significant attendance from the banking sector from a broad range of financial institutions. A separate event was held for local solicitors. There was positive feedback from both events. A larger public event is planned for September 2016, where we hope to further cement local inter-agency activity on financial harm.

2.2 Effective Data Collection and Analysis

The APC have been working with a research and information officer to produce and analyse the activity data on Adult Support and Protection (ASP) in Perth and Kinross. This has been very positive and the committee now receives regular reports, allowing activity and outcomes to be routinely monitored and benchmarked with other practice in Scotland.

2.3 Identification and Training on ASP Risk Issues in Self-Directed Support Implementation

The ASP co-ordinator has been actively involved in developing the guidance, contract and risk training materials for Self-Directed Support (SDS) implementation which is now the default position for the provision of care and support services. The APC will monitor Adult Protection issues in relation to SDS to ascertain if current processes give sufficient information to enable people to protect themselves. Concerns remain that Direct Payments need good employment practice (without access to Protection of Vulnerable Groups (PVG)) for Personal Assistants, and requires monitoring.

2.4 Review of Police Vulnerable Person's Report (VPR)

In 2014 Police launched the Vulnerable Persons Database (VPD) in Tayside. This is a common database for recording vulnerability across Scotland. At this time training was provided to all officers which contributed to increased awareness of Adult Support and Protection and other vulnerabilities.

A Scotland and Tayside-wide increase in reports from front-line officers caused an initial spike in concern reports. The creation of the Tayside Risk and Concern Hub led to the development of a triage and risk assessment process which has caused a reduction in the number of referrals shared with SWD.

Decisions are made about sharing information based on consent, necessity and proportionality, especially in areas where adult concerns are raised about persons who are the victim of crime and are supported by other agencies such as Victim Support or Rape and Sexual Abuse Centre (RASAC).

2 Achievements/Progress Since Last Report

The aim of Police Scotland is to ensure the most relevant and proportionate referrals are sent to Perth & Kinross Council to ensure a higher percentage of vulnerable adults are provided with the appropriate supports.

In Perth and Kinross in the first 6 months of the VPD system being introduced, the percentages of VPRs being forwarded to the Council by the Police ranged from 66-94%. In this same 6 month period, 49% had no further action taken by the Council.

The formation of the Tayside Hub and changes to screening has resulted in a significant reduction in the number of VPRs Police now share with Social Work teams.

Currently the duty team receive 29-43% of all VPR generated.

2.5 Engagement of NHS

In October 2013 an Adult Support and Protection Lead was appointed by the Perth and Kinross CHP (Community Health Partnership) to undertake a scoping exercise measuring NHS staff compliance with Adult Support and Protection legislation. This was completed in July 2014 and the report generated an action plan. The full report can be seen in Appendix 1. The appointment of the NHS Lead enabled more effective multi-agency working and identified the specific focus needed to significantly increase NHS staff training and engagement. The report recommended a permanent post to fully embed ASP within the NHS as it did for Child Protection and to progress the work already undertaken. Unfortunately, the post ceased after this report as the CHP role transferred into the integration activity.

2.6 Multi-Agency Responsibility for Harm in Care Homes

Workshops were held in 2014 which included managers of all Care Homes, the Contracts & Compliance Team from the Council, NHS and other Council staff to develop procedures for dealing with challenging behaviour and reporting of incidents in Care Homes as a result. A staff member from the Mental Health Liaison Team was allocated to each Care Home to support managers and it agreed that a mental health nurse would be the second worker in ASP Investigations in Care Homes where the alleged perpetrator had dementia which was contributing to difficulties in managing behaviour. Work continues with our Care Home partners to assist in protection issues.

2.7 Ongoing Publicity to Raise Public Awareness

The APC developed local posters in conjunction with the Scottish Government national campaign that have been run in February and March of 2015 and 2016. These posters have been well received and the messages appear to be effective in engaging the public. To support the national campaigns we had a local campaign which included posters on buses and sent to all partner agencies to display, use of social media and involvement of financial institutions. NHS Tayside in conjunction with other NHS partners have been leading a media campaign to highlight welfare powers of attorney. This has now been run three times in November and December of 2014, June and July 2015 and December 2015. There are plans to participate in future campaigns in 2016.

2 Achievements/Progress Since Last Report

2.8 Involvement of Service Users and Carers - Development of Service User and Carer Forum

The involvement of service users and carers has always been a main aim of the APC but there have been challenges in deciding how this can be best achieved. There has been a carer representative on the APC who feeds back to the local carer forum. Feedback from the Perth and Kinross Association of Voluntary Service (PKAVS) groups showed that it would be preferred if Adult Support and Protection issues could be included as a regular agenda item on each representative group and they would feedback any information through the PKAVS representative on the APC.

2.9 Clarify Role of Sub-Committees

The APC used to have 3 sub-committees that were:

- *Operational*
- *Training/Learning & Development*
- *Audit & Information*

It was decided to combine the 3 sub-committees from March 2015 as many of the agenda items needed input from the other sub-groups and membership and attendance was problematic for members. This arrangement has now been running for a year and has proved very effective in both attendance numbers and work achieved.

2.10 Widening Membership of the APC

The membership of the Adult Protection Committee has been reviewed and widened to include:

- *Scottish Ambulance Services*
- *Community Learning & Development, Perth & Kinross Council*
- *Educational establishments, Perth College*
- *Joint Integrated Boards - Health and Social Care representatives*
- *Financial institutions*
- *Citizens Advice Bureau*
- *Minority Communities Hub, PKAVS*

2.11 Young People in Transition

The Children and Young People (Scotland) Act 2014 will be implemented in August 2016, and discussion on issues including transitions for young people and the implications of other duties in the Act where there may be crossover to adult support are being agreed.

2 Achievements/Progress Since Last Report

2.12 Co-ordination Within Tayside

The previous arrangements for the co-ordination of Adult Support and Protection have required revisiting with the introduction of the integration arrangements, and through 2016 necessary changes to policy and practice will be pursued, and issues which arose from the audit of NHS practice will be concluded.

2.13 Public Protection Chief Officer Group

A Public Protection Chief Officer Group has been established in Perth and Kinross which allow scrutiny and co-ordination of all protective activities and arrangements.

Case Example

Mrs Z, aged 79, was living at home in poor physical and mental health and was socially isolated. Her diabetes was not well controlled and there were concerns about her level of capacity. There were some self-neglect issues which led to an inquiry under the ASP process. Efforts to support and maintain her at home were unsuccessful and she was admitted to a Care Home. She was distressed on admission and attempts to maintain contact with acquaintances were unsuccessful. There was a history of institutionalised care in her younger years within learning disability units and she served a prison sentence for abusing her own children.

She continues to fluctuate between being distressed and unhappy while at other times appearing to be settled and relatively content. This case highlights the complex balance between the duty of care, enabling people to safeguard themselves and identifying suitable quality of life indicators.

3 Outcome of Activity

3.1 Analysis and Outcomes of Adult Protection Activity

In summary the main findings in relation to ASP activity in Perth and Kinross are:

- (a) *Significant decrease in Police Vulnerable Person's Reports (VPR) by almost half. Improved screening processes by Police Scotland has contributed to this reduction.*
- (b) *Decrease in Adult Protection concerns from all other sources by 21%.*
- (c) *Increase in adherence to screening timescales. This has been an area of focus for operational staff which has resulted in positive results. In the last year 95% of all concerns were screened within 24 hours compared to 70% the previous year.*
- (d) *Learning Disability is the most commonly reported client group over both years although we have seen an increase in the number of people with dementia.*
- (e) *Physical harm is the most prevalent type of harm over the 2 years followed by financial harm.*
- (f) *There were 40 Large Scale Investigations completed over a 2 year period. A Large Scale Investigation is a multi-agency response to circumstances where there may be two or more adults at risk of harm within a care setting (this may be either residential care, day care, home-based care or a healthcare setting). The majority of these took place in Care Homes.*
- (g) *Females over the age of 81 account for 24% of Adult Protection concerns and 33% of Adult Protection Investigations.*

For further information and details the APC Biennial Report Statistics is attached at **Appendix 2**.

3.2 Adult Support and Protection Case Conferences

There have been 54 Adult Protection Case Conferences (APCC) over 2 years, 36 initial and 18 reviews.

Service user and family/carer participation in any Adult Protection process is encouraged and in particular by attending an APCC. In the last 2 years attendance for the adult at risk (AAR) at the initial APCC when invited was 83% and 87% for family and carers. These figures decrease slightly for Review APCC with AAR attending 75% and family and carers 83%. Over half of Case Conferences resulted in a protection plan.

There was concern that the number of ASP investigation progressing to Case Conference had fallen and an audit was requested. The report is attached at **Appendix 3** but shows that the threshold applied for proceeding to APCC is supported by decision-making based on ASP investigation reports and appear appropriate for the risk identified.

3.3 Service User and Carer Involvement

Under Section 6 of the ASP Act, the Council has a duty to consider the importance of providing advocacy and other services in order to safeguard the person.

3 Outcome of Activity

Independent Advocacy figures show they supported 43 people over the 2 years under ASP, 22 people in 2014/15 and 21 in 2015/16. Independent advocates attended 100% of Adult Protection Case Conferences they were invited to.

There are challenges to providing instructed advocacy for people who have limited capacity. Advocacy ensure rights are upheld, but it takes time to gather views or a picture of a person's possible wishes. There are current problems in meeting the workload and demand arising for independent advocacy.

Feedback from Service User/Carers

The APC send out a questionnaire to adults at risk if appropriate and their carers to complete after the case has been closed to Adult Protection. Return rates are very low. In the last year only 4 have been returned and all have been supported by independent advocates who helped them complete the questionnaire. This limited response showed adults felt listened to and in two cases a change of accommodation resulted in people feeling safer. Two found it hard to recall particulars but remember staff visiting and talking to them. This area and the need for an outcomes focus will be continuing work for the committee.

Case Example

Mrs B, 68, and her daughter, 37, moved into the area 3 years ago. The concern was referred by Police following a missing person report. Mrs B had a diagnosis of dementia and was the main carer for her daughter who had learning and cognitive challenges. The decreasing ability of Mrs B to maintain the caring role led to an increase of conflict in the household and suspected physical harm to Mrs B. Various interventions were tried but finally resulted in Mrs B and her daughter living in separate accommodation although having regular contact. Mrs B moved into a sheltered housing complex with support and Miss B remained at home with a package to support independent living skills.

4 Management Information

The Adult Protection Committee oversees the ASP activity in Perth and Kinross and has a robust quality assurance remit. During the past 2 years the APC has ensured that audits have been completed, action plans implemented, policies and procedures updated and any new issues identified have been addressed.

4.1 Processes, Practice and Audits

(a) *Perth and Kinross Multi-Agency Operational Guidance*

These guidelines were updated in March 2015 taking into account all the information contained in the updated ASP national codes of practice 2014. Changes included evolving practice such as:

- *the introduction of the Police VPD;*
- *protocols on financial harm, self-neglect, Large Scale Investigations and challenging behaviour;*
- *updated ASP Inquiry and Investigation forms.*

(b) *Audits*

There are 3 audits held per year to ensure our policies are working well to identify and protect adults at risk of harm.

Multi-Agency Audit

There is an annual multi-agency audit for 10 cases that progressed to Adult Protection Case Conference in the previous year and involved partner agencies. The audit team consisted of 10 staff from various members agencies of the Adult Protection Committee Operational Sub-Group. Staff were paired to ensure a mix of professionals and the allocation process ensured that no person audited cases they had active involvement with.

The following tables provide an overview of the high-level findings:

Key Strengths

- *Across services, risks are recognised and responded to appropriately.*
- *Information sharing among multi-agency staff is effective.*
- *Collaborative partnership working is well evidenced.*
- *Staff place the views and human rights of adults at risk as central to their role and adults are listened to.*
- *Staff engage well with families and carers.*
- *Assessments of risks and the development of risk management plans are good.*
- *Adults at risk and their families/carers are involved.*

4 Management Information

Areas for Further Development and/or Improvement

- *To improve the use of chronologies of significant events across all services.*
- *Improve access to independent advocacy and ensure the outcome is documented.*
- *Improve multi-agency input into risk assessment and management.*
- *To clarify the overlap of mental health and Adult Protection processes.*
- *Improve wider access to NHS files for audit purposes.*
- *Improve documentation and evidence in relation to outcomes.*

Adult Protection and Vulnerable Person Report Audit

There is an annual case file audit for Police Vulnerable Person Reports (VPR) and Adult Protection (AP) concerns from all other sources to check adherence to process and ensure that decision making is robust.

Summary

The screening process appears to be working well and within timescales. A large number of referrals (78%) are open cases with a dedicated worker compared to 80% last year.

In relation to the improvement actions from last year:

Key Strengths

- *Client group is recorded in 100% of cases.*
- *Strategic discussions evidenced in 100% of cases from 76% last year.*
- *Decision-making was evidenced in 100% of cases.*
- *Independent advocacy was offered in 55% of cases compared to 57% last year. In 18% of cases, it was noted the person did not require advocacy.*
- *Establishing capacity and consent rose to 82% from 57% last year.*
- *Risk assessment and risk management plans were present in 100% of cases.*
- *The quality of risk assessment and management plans marked as acceptable rose to 91% from 86% last year.*
- *Use of chronologies increased from 86% to 91%.*

4 Management Information

Areas for Further Development and/or Improvement

- *Improve access to independent advocacy.*
- *Evidence of outcomes.*
- *Client group to be updated.*
- *Improve quality of risk assessment and management plans.*

Large Scale Investigations (LSI)

This is the first audit on LSI in Perth and Kinross. The significant increase of LSI from 10 to 19 in a one year period led to the decision to conduct an audit. All LSI were audited.

Summary

The increase in the number of LSI reflects an understanding of the ASP process.

There are recommendations for improvements from the audit but it highlights the complex and challenging practice issues in conducting a LSI:

Areas for Further Development and/or Improvement

- *Amendments to LSI form including separate risk assessment and action/improvement plan.*
- *Improve recording by ensuring strategic discussions and contacts are recorded and outcomes are evidenced.*
- *Improve adherence to timescales for LSI and network meeting.*
- *Follow-up of action/improvement plans and documentation.*
- *Develop an ASP reporting threshold for repeated referrals for people with challenging behaviour.*

4.2 Information/Advice to Public Bodies/Office Holders

(a) National Dataset

The submission of data to the Scottish Government on a 2 year pilot has now been completed. This is an area of ongoing development and will prove beneficial in enabling benchmarking across Scotland.

(b) Webpage

In terms of impact, the following table provides some specific comparative performance management information on the Adult Protection website, showing single user and page activity.

4 Management Information

APC Website Usage		
Page Title	Number of Unique Users 2014/15	Number of Unique Users 2015/16
ASP Information Page	1,748	2,023
ASP Learning Zone	945	630
ASP Resource Library	143	123
Adult Protection Committee	133	114
Totals	2,969	2,890

4.3 Improve Skills and Knowledge

The following tables provide an analysis of the inter-agency Adult Protection learning and development opportunities we have provided throughout 2014-2016.

Online Learning and Development Opportunities		
Title of Course	Number of Unique Users 2014/15	Number of Unique Users 2015/16
Adult Support and Protection Online Module	646	415
NHS Adult Protection Course	5,172 (Tayside)	945 (P&K)
Totals	7,670	1,360

APC Inter-Agency Learning and Development Opportunities		
Title of Course	Number of Courses	Number of Attendees
Basic Awareness Adult Protection (Half-Day)	17	287
Protecting People Course (One-Day)	4	89
Totals	21	376

Specialist Training		
Title of Course	Number of Courses	Number of Attendees
Enhanced Practitioner Training	2	24
Adult Protection Case Conferences	1	7
Trainers for Training	1	12
Totals	4	43

4 Management Information

Impact of Training

All the training courses have evaluation questionnaires which consistently rate the training highly.

The following quotations provide an overview of what participants learned and the positive impact the training has had:

“More informed of responsibility and also duty of other agencies”

“Knowledge of what to do when harm is disclosed”

“I feel more confident identifying different types of harm and the process of reporting and sharing information”

“Will have a more open mind as to what is determined as harm especially in relation to aspects covering elderly and mental illness”

“I work in children & families and believe I had a deficit in basic awareness of Adult Protection, more of our parents have learning disabilities or have their own vulnerabilities, this training will help me to support them as well as the children”

Case Example

Mrs X is an 85 year old lady who is physically and mentally frail and lived in a one-bedroom flat. Over the years her son had led a chaotic lifestyle and relied heavily on her for money, food and lodgings. Her son had moved into her flat, was sleeping in her bed and refused to leave which led to an investigation under Adult Support and Protection. The son was evicted from the flat, given homeless accommodation and a Banning Order was granted to prevent him visiting his mother. Financial powers were granted to the daughters reducing the incentive for financial gain. The order was successful in achieving the objective and it has now lapsed. The son has his own accommodation and is starting to address his own issues.

5 APC Challenges

The APC hold a self-evaluation day every 12-18 months to take time outwith the Committee structure to take stock of its work, to confirm the Action Plan, and to examine the issues in Adult Support and Protection in Perth and Kinross.

5.1 Communication and Co-operation Between Agencies

The APC acknowledges the importance of effective information sharing and multi-agency working and has provided opportunities to explore issues and challenges.

Perth and Kinross Protecting People Communications Group

In February 2015, we established the Perth and Kinross Protecting People Communications Group.

The purpose of this new group is to co-ordinate existing public information and communication activities, with a clear focus on protecting people and keeping them safe.

At the time of publication, the group is developing two evaluation and feedback surveys; one to elicit feedback from members of the public who have been involved with our Adult and Child Protection services (research self-evaluation analysis) and the other to elicit feedback from members of the public who have not been involved in our Adult and Child Protection services (wider public - gap analysis).

The aim of these two surveys is to gauge public awareness, understanding, perceptions, satisfaction and confidence in services to protect the public. The results will be circulated when available.

APC Protecting People: Keeping Safe Surveys 2014-2015

In conjunction with the Child Protection Committee we have undertaken community engagement work; in particular the *Protecting People: Keeping Safe Surveys* with children, young people and adults.

In terms of impact, the following table provides a cumulative comparative analysis between the findings from the adults this year and last year (greyed-out). Participants did not necessarily answer all the questions.

Survey Questionnaire - Adults Sample Size 2014-2015: 404 • Sample Size 2013-2014: 238						
Question		Yes	Not Sure	No	Don't Know	N/A
Would you know who to contact if an adult was at risk of harm?	2014/2015	263	88	38	11	4
	2013/2014	197	26	9	3	2
Have you heard of any organisation involved in helping children, young people or adults who are at risk of harm or in need of support or protection?	2014/2015	295	47	49	6	7
	2013/2014	197	19	16	5	0

5 APC Challenges

Conclusions

Overall the findings are comparable with the last report. They show a continued awareness of how to keep others safe from harm and abuse and who to contact if worried or concerned about another person's safety.

Given the year-on-year consistency and positive responses to these questions, the APC and CPC has decided to discontinue these surveys in their present form and focus more on developing a greater understanding about public confidence in our protecting people services and the experience of people who have made contact with them.

Co-ordinators Group

The Co-ordinators Group was formed to provide the membership with a Network whose objectives include:

- 1 *To develop an effective Network which promotes wellbeing; equality; diversity; effective collaboration; co-operation; communication; information sharing and joint partnership working.*
- 2 *To co-ordinate the agreed model (Perth and Kinross Partnership Model) for public information; communication and engagement by way of annual community engagement initiatives, aimed at building community capacity and confidence.*
- 3 *To identify, share and exchange learning, policy and practice developments in relation to protecting vulnerable people and keeping people safe.*
- 4 *To promote staff learning and development by delivering the Protecting People Training Course and contributing to wider workforce development opportunities.*
- 5 *To provide a Network which promotes peer support, challenge and is focussed on continuous improvement aimed at delivering better outcomes for vulnerable people across Perth and Kinross.*

Membership includes co-ordinators and lead officers from Adult Protection Committee; Alcohol and Drug Partnership; Child Protection Committee; Community Safety and Environment Outcome Delivery Group; Violence Against Women Partnership; Voluntary Sector Child Protection Forum and Suicide Prevention Steering Group.

The Network reports to the Community Safety & Environment Outcome Delivery Group and the Perth and Kinross Chief Social Work Officer (CSWO).

Partner Agencies

The following is a management snapshot of single agency policy and practice development, including achievements, key strengths and areas identified for further development and/or improvement in 2014-2015 and beyond.

5 APC Challenges

Housing & Community Care

Key Strengths/Achievements	Areas for Development
Joint delivery of Protecting People training course.	Ensuring that key staff access the online Adult Protection, GIRFEC and Child Protection development module.
Mapping the key community safety themes in terms of adult and Child Protection.	Reviewing the transition of vulnerable young people between child care and adult services.

Education & Children's Services

Key Strengths/Achievements	Areas for Development
Joint delivery of Protecting People training course.	Ensuring that key staff access the online Adult Protection, GIRFEC and Child Protection development module.
The development of a joint children and adults working group as part of the Alcohol and Drugs Partnership.	Updating policies and training on Getting It Right For Every Child (GIRFEC).

Police Scotland

Key Strengths/Achievements	Areas for Development
Improved recording practices in place as a result of the roll out of Police Scotland's national VPD database.	Ongoing work to ensure a consistency in the content of Police concern reports being provided to partner agencies.
Central screening hub for all Police concern reports established for Tayside.	Continuing to influence and work with the Police Scotland National Risk and Concern Project.

NHS

Key Strengths/Achievements	Areas for Development
NHS staff representatives on APC and sub-group and involved in policy development.	Raising awareness of ASP across the NHS.
Involved in developing challenging behaviour protocol in Care Homes. Allocation of mental health liaison nurse to each Care Home.	To be reviewed in 2016.
Agreement and procedure for NHS staff to be second workers in Large Scale Investigations and ASP Investigations if relevant.	To be reviewed after a year in March 2017.

5 APC Challenges

Third Sector	
Key Strengths/Achievements	Areas for Development
Made staff training and development opportunities more accessible to our staff.	Developing further engagement with smaller voluntary sector organisations.
Good cross-service working and peer support promoting good practice such as challenging behaviour protocol.	Recognition and inclusion of third sector role in relation to Adult Support and Protection.
Independent Advocacy involvement.	Explore increase in non-instructed advocacy.
Service user and carer representation at APC and embedding ASP issues into existing groups.	Service user and carer representation on the APC.
Involvement in self-directed support implementation and supporting service users.	Reviewing impact of SDS in relation to ASP issues.

6 APC Development Areas 2016-2018

The following activities will form the work plan for the committee and relevant agencies for the next two years:

- *Review the management information and performance outcome framework with a particular focus on key outcome measures.*
- *Review our advocacy arrangements, address shortfall, and methods of engagement.*
- *Focus on financial harm and engagement of financial institutions leading to a formal 'compact' or pledge between agencies and partners.*
- *Continue to support Care Homes and Care at Home organisations to address Adult Protection and related issues. Arrange to audit challenging behaviour policy to support staff and ascertain if working effectively.*
- *Consider the impact of change arising from Health and Social Care integration and work with the Integrated Joint Board to ensure Adult Support and Protection is embedded.*
- *Review guidance with childcare to ensure it complies with the new Children's Act legislation, especially potential crossovers such as transitions and Named Persons for the 16-18 years olds.*
- *Introduction of wilful neglect and ill treatment - develop policies and practice across agencies.*
- *Develop appropriate activity and analysis/policy for Hidden Harm and Hate Crime.*
- *Begin to explore further protective support for key groups; learning disability, mental health; and to consider how best to support work with different cultural groups and transient populations.*

For further detail the Improvement Plan is at **Appendix 4**.

Appendix 1

SBAR – Adult Support and Protection Perth and Kinross Community Health Partnership July 2014



<p>Situation</p>	<p>In October 2013, an Adult Support and Protection Project Lead was appointed to undertake a scoping exercise measuring Perth and Kinross CHP staff compliance with Adult Support and Protection (ASP) legislation in line with the implementation of the Adult Support and Protection (Scotland) Act 2007 which states that:</p> <p><i>“All healthcare professionals should undertake the required level of training for their post in order to protect adults at risk.</i></p> <p><i>“ie Adults (aged 16 or over) who are unable to safeguard their own wellbeing, property, rights or other interests, are at risk of harm, and because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.”</i></p>
<p>Background</p>	<p>The project objectives were defined as follows:</p> <ul style="list-style-type: none"> • <i>Provide support, information and advice to NHS staff with Adult Support and Protection enquiries.</i> • <i>Identify, attend and map existing inter-agency working groups for ASP.</i> • <i>Undertake training needs analysis of ASP knowledge and skills within Perth and Kinross CHP.</i> • <i>Attend national ASP conference to inform Perth & Kinross strategic direction.</i> • <i>Support National Audit of ASP within A&E settings providing lead role for NHS Tayside (representing Perth and Kinross).</i> • <i>Survey ASP awareness with all staff in Perth and Kinross CHP/PRI and make recommendations for improving ASP reporting mechanisms.</i> • <i>Map and compare existing Child Protection services and make recommendations to ensure equity of service provision for Adult Protection in Perth and Kinross.</i> • <i>Explore evidence base need for a lead individual or lead clinician for Adult Support and Protection in Perth and Kinross.</i> • <i>Review/Increase NHS staff attendance at ASP Case Conferences.</i> • <i>Develop the use of NHS patient chronologies within Perth and Kinross CHP.</i>
<p>Assessment</p>	<p>Detailed assessment of the project objectives can be found within Appendix 1A - Perth and Kinross CHP ASP Report - April 2014</p>

Appendix 1

Recommendation

Perth & Kinross ASP priorities for the coming year are now to progress work in the five national workstreams identified by the Scottish Government's National ASP Policy Forum.

The appointment of an Adult Support and Protection NHS Lead in Perth and Kinross has enabled more effective multi-agency working and identified the specific focus needed to significantly increase NHS staff training and engagement in raising awareness of ASP needs. This post is now permanently required to ensure proactive leadership and NHS staff engagement with the implementation of statutory legislation.

There remains a significant workload to ensure that all Perth & Kinross CHP staff are compliant with their duties to identify and report Adult Protection concerns under the 2007 ASP Act. This project has only focussed on one CHP area in Tayside. Investment is required to implement a similar ASP support structure within Dundee and Angus, in particular within the acute medical setting and A&E.

There are obvious inequalities within NHS Tayside with regards to workforce staffing within Child/Adult Protection services.

Child Protection services have been fully embedded in Tayside since the '*Protection of Children (Scotland) Act 2003*' and there has been an inequitable financial investment provided nationally for the implementation of the ASP Act 4 years later.

Greater emphasis needs to be given by all CHP managers to ensure that all staff are aware of their statutory duties under the ASP act.

Perth and Kinross CHP and NHS Tayside managers should ensure that their staff:

- *have received the relevant training for their role from Levels 1-3 training in statutory ASP legislative practice;*
- *report the facts and circumstances to the local Council when they know or believe that someone is an adult at risk and that action is needed to protect that adult from harm;*
- *co-operate with the Council and each other to enable or assist the Council making inquiries.*

For detailed information of Perth and Kinross CHP ASP work plan requirements, see **Appendix 1B**.

Appendix 1A

Perth and Kinross Community Health Partnership (CHP) ASP Report - April 2014



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1 Project Background/Rationale

The Adults with Incapacity (Scotland) Act 2000, the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adult Support and Protection (Scotland) Act 2007 have all introduced significant changes to the ways that adults considered to be at risk are supported within healthcare services.

The Perth and Kinross CHP General Manager identified the need to undertake a scoping exercise measuring CHP staff compliance with ASP legislation in order to identify service gaps and inform future service requirements.

An ASP Project Lead was appointed for 6 months from October 2013 to March 2014 and the following objectives were identified:

- *Provide support, information and advice to NHS staff with Adult Support and Protection enquiries.*
- *Identify, attend and map existing inter-agency working groups for ASP.*
- *Undertake training needs analysis of ASP knowledge and skills within Perth and Kinross CHP (Nursing/AHP/Medical/Primary Care/Children's Services/Pharmacy/Prisoner Healthcare/Learning Disabilities/Mental Health/A&C /Community Hospitals/PRI).*
- *Participate in planning and co-ordination of Perth & Kinross ASP conference to raise awareness in partnership with Perth & Kinross Council/Police/Fire Inter-agency training.*
- *Attend national ASP Conference to inform Perth & Kinross strategic direction.*
- *Support National Audit of ASP within A&E settings providing lead role for NHS Tayside (representing Perth and Kinross).*
- *Survey ASP awareness with all staff in Perth and Kinross CHP/PRI and make recommendations for improving ASP reporting mechanisms.*
- *Map and compare existing Child protection services and make recommendations to ensure equity of service provision for Adult Protection in Perth and Kinross.*
- *Explore evidence base need for a lead individual or lead clinician for Adult Support and Protection in Perth and Kinross.*
- *Review/Increase NHS staff attendance at ASP case conferences.*
- *Develop the use of NHS patient chronologies within the Community Health Partnership.*

2 Legislative Framework

Five national priorities for Adult Support and Protection (ASP) were agreed for the Scottish Government to focus on in 2013-2014. The priorities were derived from various sources, including the National Adult Protection Co-ordinator's report, which identified a large number of issues across the country; existing work streams, biennial reports from conveners of Adult Protection Committees and those issues which the Scottish Government believes need to be given particular attention on a national basis. These priorities were agreed with the National Adult Protection Policy Forum in August 2012.

Who are the People at Risk? (Three Point Test)

People over 16 who are unable to safeguard their own wellbeing, property, rights or other interests; and

- *are at risk of harm; and*
- *because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than others who are not so affected.*

Health professionals have a duty to co-operate and are subject to statutory duties and must:

- *report the facts and circumstances to the local Council when they know or believe that someone is an adult at risk and that action is needed to protect that adult from harm*
- *co-operate with the Council and each other to enable or assist the Council making inquiries.*

The Role of NHS Staff

- *Staff will report all cases where an adult is considered at risk of harm to the Council and agree how to proceed with the investigation.*
- *Staff will co-operate with the Council making inquiries and with each other where that would assist the Council.*
- *Information and records regarding the adult will be provided when requested under the Act.*
- *A doctor, nurse or midwife may conduct a medical examination during a visit or part of an Assessment Order.*

It is an offence to prevent or obstruct any person from acting under the Act and to refuse without reasonable excuse to provide information.

3 Local and National Priorities

(Extract from Perth & Kinross Adult Protection Committee Annual Report 2013)

The Adult Support and Protection (Scotland) Act 2007 has resulted in varying and evolving practice across Scotland and has highlighted areas of concern that are being addressed at both local and national levels.

The national policy forum, chaired by the Scottish Government, is comprised of a multi-agency membership to reflect the varying perspectives from all partner agencies. A report produced by the national ASP co-ordinator has identified 5 national priorities that reflect national issues raised:

- *Financial Harm*
- *Harm in Care Homes*
- *Service User and Carer Involvement*
- *NHS - A&E Departments*
- *National Dataset*

Appendix 1A

Embedding legislation into existing practice and ensuring it becomes integral to all multi-agency processes presents a challenge as new initiatives and national structures are being introduced:

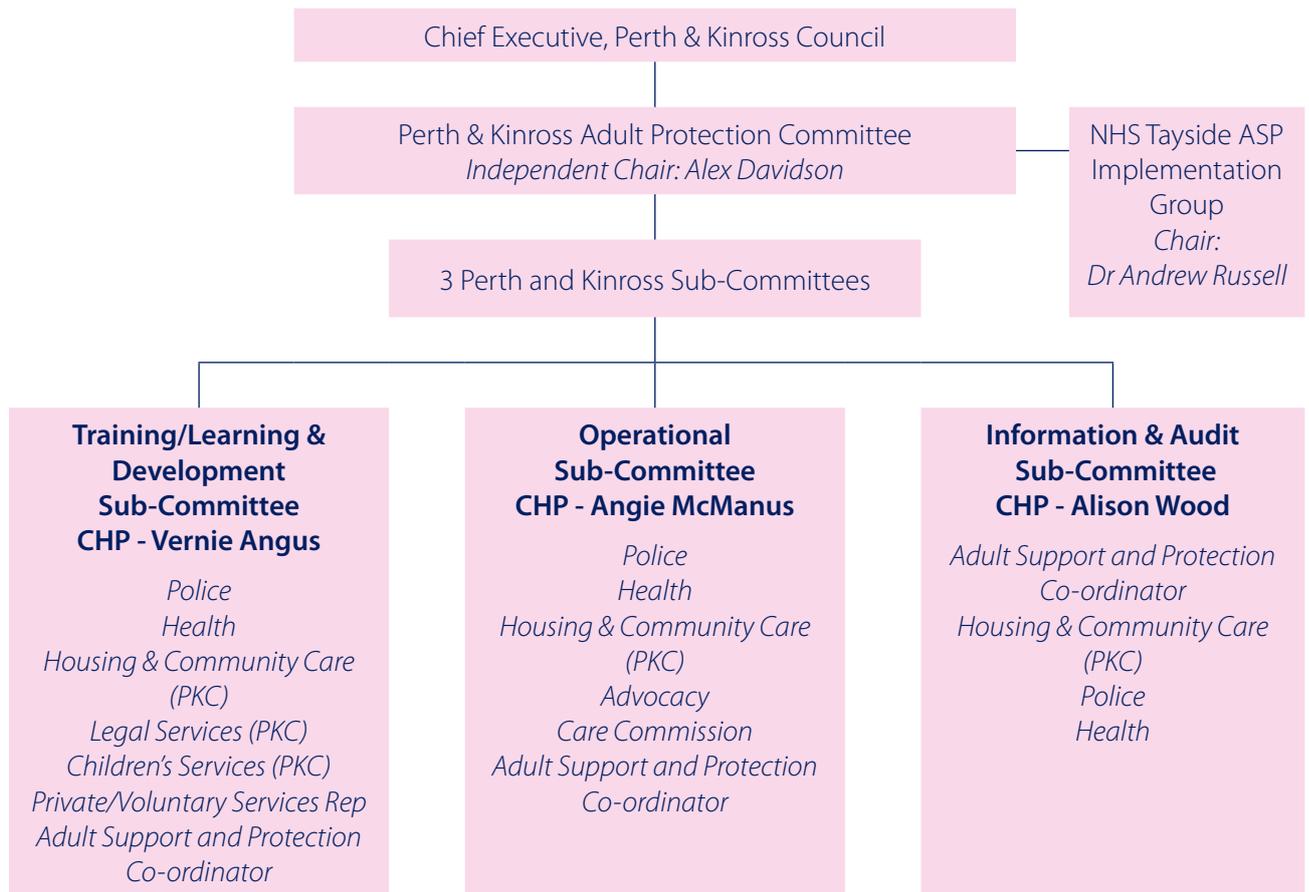
- *Formation of National Police Force*
- *Formation of National Fire and Rescue Service*
- *Care Inspectorate having a dual regulation and inspection role*
- *Development of national multi-agency ASP standards*
- *Health and Social Care Integration*
- *Self-Directed Support*
- *Changes in benefits and social housing*

Perth and Kinross ASP Statistics

In 2012-2013 analysis of Perth and Kinross statistics in relation to ASP local trends and issues have demonstrated:

- *increasing adult concern referrals from all agency sources;*
- *increasing Adult Protection concerns in Care Homes;*
- *an increase in adults at risk of harm in the 81+ age group;*
- *an increase in the use of Adult Protection Orders.*

4 Existing ASP Structure within Perth and Kinross CHP - March 2014

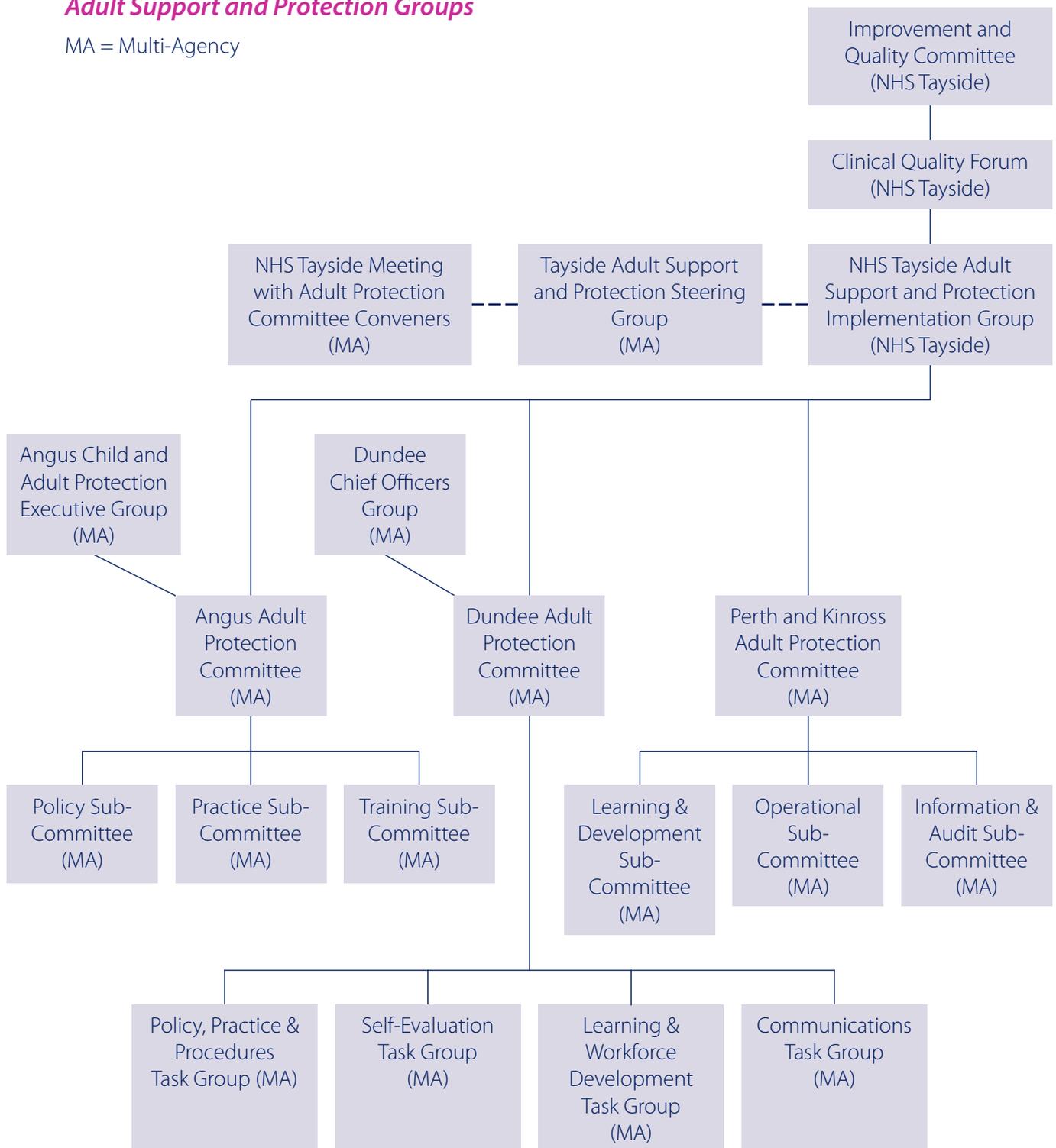


Appendix 1A

5 NHS Tayside ASP Group Structure - March 2014

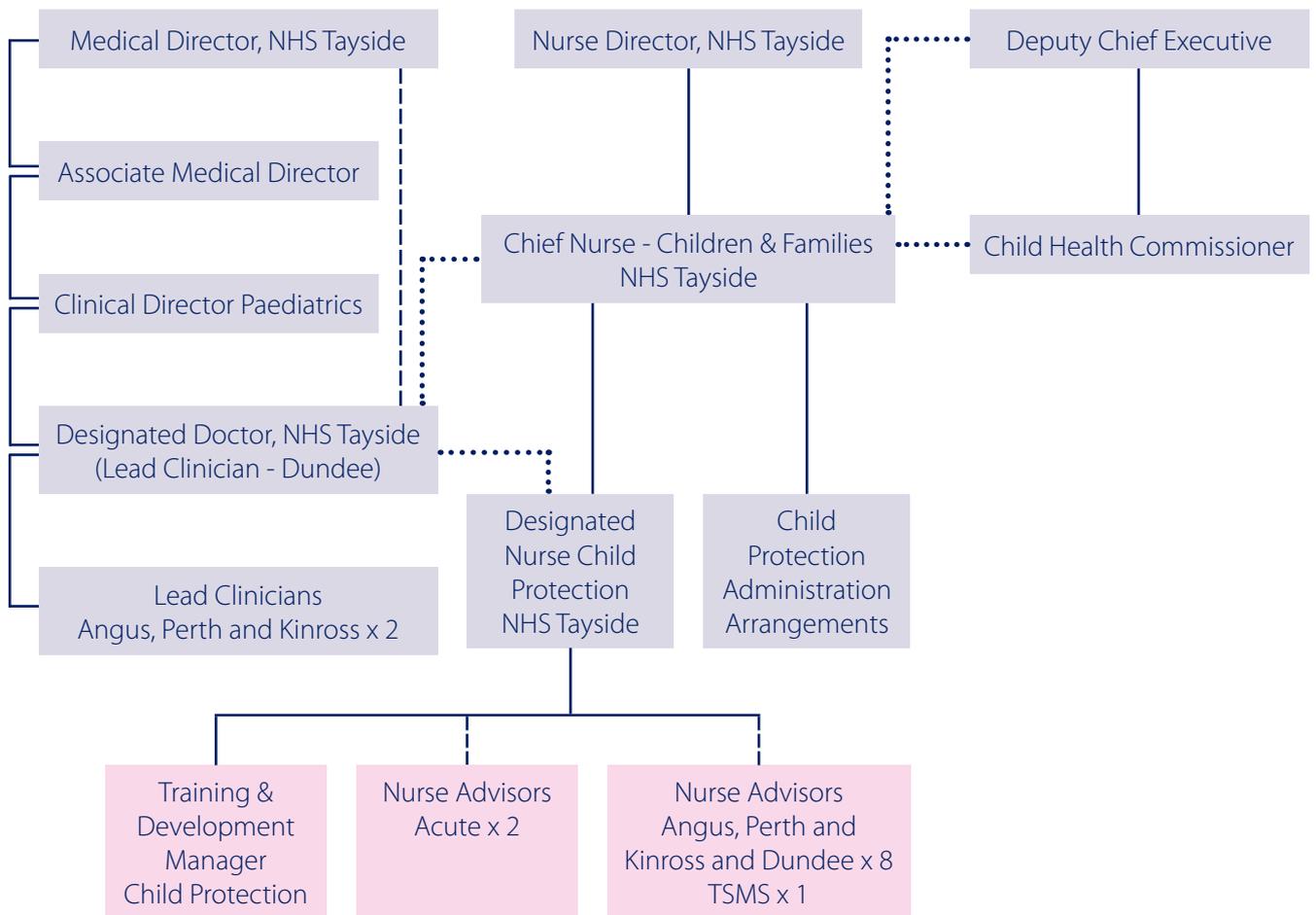
Adult Support and Protection Groups

MA = Multi-Agency



Appendix 1A

6 NHS Tayside Child Protection Structure - March 2014



- Line Management Within Acute Services, CHPs and TSMS
- Professional Accountability
- Managerial Responsibility
- Links Within

7 2013-2014 Workforce/Costs Comparison - NHS Tayside Child/Adult Protection

Job Title	NHS Tayside Child Protection Staff	NHS Tayside Child Protection Staff Cost Per Annum	NHS Tayside Adult Protection Staff	NHS Tayside Adult Protection Staff Cost (6 months)
Designated Nurse, Child Protection	1x WTE Band 8C Tayside	£67,805	0	0
Training & Development Manager	1x WTE Band 8A Dundee	£47,088	0.8 WTE Band 8A Perth and Kinross (Temp)	£23,544
Nurse Advisors (<i>Acute</i>)	2 x B7 Nurse Advisors Dundee	£81,116	0	0
Nurse Advisor (<i>Perth and Kinross</i>)	1 x Band 7 Perth	£40,558	0	0
Nurse Advisors (<i>Dundee</i>)	8 x Band 7 Dundee	£324,464	0	0
Nurse Advisor (<i>Angus</i>)	1 x Band 7 Angus	£40,558	0	0
Total	14 WTE Staff	£601,589	0.8 WTE Staff	£23,544

NHS Tayside Child Protection Workforce Costs 2013-2014 (<i>not including medical/admin staff</i>)	£601,589
NHS Tayside Adult Protection Project Workforce Costs 2013-2014 (<i>Perth and Kinross CHP</i>)	£23,544

Tayside Local Authority Child/Adult Protection Workforce Costs 2013/2014

Job Title	Child Protection Staff	Local Authority Child Protection Staff Cost Per Annum	Adult Protection Staff	Local Authority Adult Protection Staff Cost Per Annum
Child/Adult Protection Co-ordinator <i>Dundee SW</i>	1x WTE TL12	£46,551	1x WTE TL12	£46,551
Child/Adult Protection Co-ordinator <i>Perth SW</i>	1x WTE TL12	£46,551	1x WTE TL12	£46,551
Child/Adult Protection Co-ordinators <i>Angus SW</i>	1x WTE TL12	£46,551	1x WTE TL12	£46,551
Total	3 WTE Tayside	£139,653	3 WTE Tayside	£139,653

Local Authority Child Protection Workforce Costs 2013-2014 Tayside	£139,653
Local Authority Adult Protection Workforce Costs 2013-2014 Tayside	£139,653

8 Tayside Review of Adult Support and Protection

Alex Davidson, Independent Chair of Perth & Kinross Adult Protection Committee, March 2014

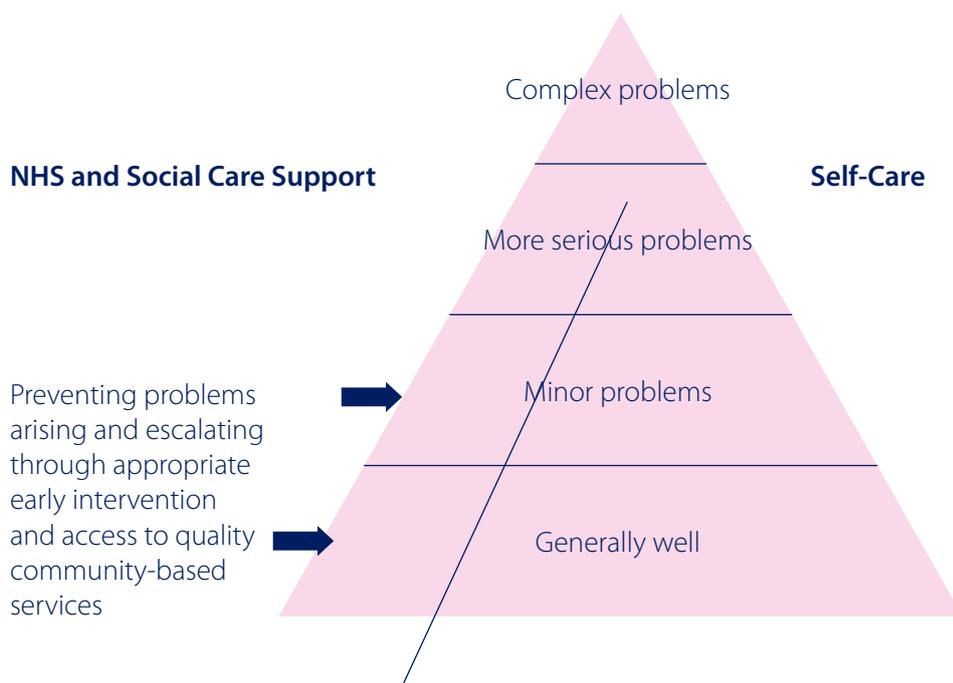
The issue of Tayside-wide activity, protocols and engagement remains problematic, although practice continues to be of a high standard.

The impact of the integration bill, the introduction of Self-Directed Support and the preventative emphasis of the Community Planning Preventative emphasis bring new challenges to the nature of the joint Adult Support and Protection endeavour.

The creation of Police Scotland adds a further dimension in ensuring that the contribution from Police colleagues remains as consistent as it has been but recognises that the new structure brings additional challenges.

The national priorities of financial harm, Care Homes, user and carer involvement, an 'identification' in health services (A&E) and the national data set require cross-cutting activity.

The issues of potential vulnerability in health and social care is perhaps demonstrated in the diagram below, where agencies require to intervene progressively as health and abilities deteriorate, and where cognitive issues give rise to potential risk and harm, especially when living alone. Complex cross-cutting legal issues arise, both criminal and civil, which require inputs on a multi-agency basis.



The continuing concern regarding risk and harm in residential settings in their wider sense still require attention to commissioning, unethical and unauthorised practices (particularly in response to challenging needs, mental health issues illness and dementia) where breaches of professional or service boundaries and institutional abuse are still prevalent.

A potential focus on outcomes might be developed:

- **for the victim** - immediate safety, long-term protection, redress, and support for recovery.
- **for the perpetrator** - criminal justice system, employment law/disciplinary, barring from workforce, other enforcements such as injunction etc, extra support or enhanced support package, extra help, training or supervision.
- **for the services** - improved practice, increased funding, increased professional advice and consultation, scrutiny or regulatory action, contract compliance and regulatory enforcement (including closure).
- **for commissioning work** - changes to contract, change to funding, re-provision, change to inter-agency support.
- **in National Policy** - changes such as guidance, identification of gaps, national guidance.

It is proposed that we take time at a workshop in 2014 to explore these issues and seek to identify a Tayside approach based on outcomes, reflecting current national priorities, and building on existing local practice.

Alex Davidson

*Independent Chair, Perth and Kinross
March 2014*

9 Perth and Kinross CHP Referrals to ASP Services - 2013

The NHS has a vital role to play in Adult Protection. There have been significant concerns about the engagement of the NHS in Adult Protection as well as the small number of Adult Protection referrals from the NHS (specifically from A&E and acute hospital settings).

This concern is not just specific to Perth and Kinross but has also been noted in the 2010-2012 Biennial ASP Convener Reports.

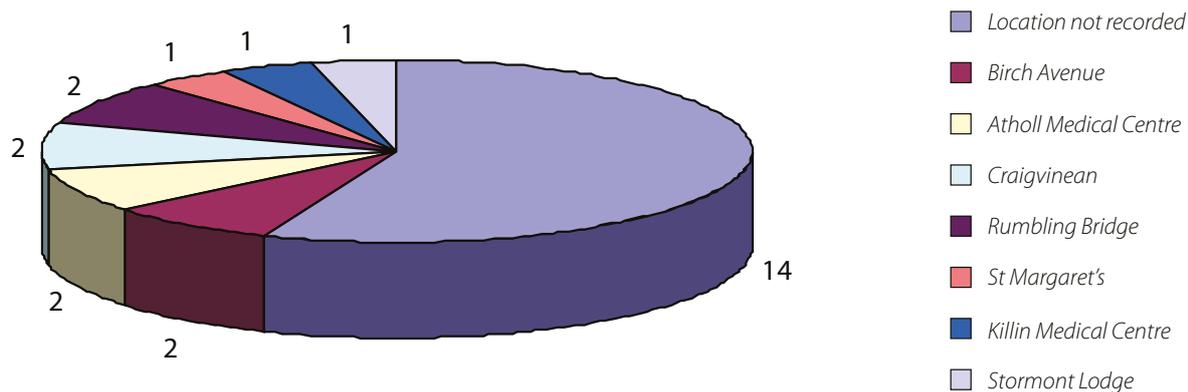
The Scottish Government has been focusing on developing stronger engagement with the NHS. This has included the development of an NHS Adult Protection network working group, involving representatives from each Health Board. This group is helping to develop greater awareness of Adult Protection within Health Boards, as well as enabling the sharing of best practice between colleagues. It has also created a more direct line of communication between the Scottish Government and those with responsibilities for Adult Protection in each Health Board. While this work is beginning to pay dividends, it will take some time to establish ASP as a key component of Health Boards' strategic direction.

The following charts and tables indicate the local picture of ASP compliance within Perth and Kinross CHP.

Appendix 1A

Perth and Kinross Location of ASP Referrals from NHS Practitioners 2013

25 referrals in total



Perth & Kinross ASP Referral Sources 2012/2013

Organisation	1 Apr - 30 Jun 2012	1 Jul - 30 Sep 2012	1 Oct - 31 Dec 2012	1 Jan - 31 Mar 2012	1 Apr - 30 Jun 2013	1 Jul - 30 Sep 2013	1 Oct - 31 Dec 2013	Total
Police	73	61	37	19	29	28	14	261
Care Establishment	15	11	19	19	6	18	19	107
Health Professional	5	4	7	6	6	5	1	34
Family/Relative	3	4	0	7	3	3	2	22
Internal PKC	14	11	15	14	15	18	14	101
Private/Voluntary	3	2	1	4	1	5	5	21
Friend/Neighbour	0	1	0	1	1	2	0	5
Other	4	3	3	2	5	2	3	22
Not Recorded	5	5	2	3	0	2	4	21
Housing	1	2	1	0	0	1	0	5
Charity Organisation	0	0	0	0	2	1	2	5
Total	123	104	85	75	68	85	64	604

10 Percentage of Total ASP Referrals From Health Practitioners in Scotland by Area 2013* (Reference S Marr, ASP Lead NHS Grampian)

Aberdeen City	8.2%	Highland	1.0%
Aberdeenshire	20.0%	Inverclyde	1.6%
Angus	1.0%	Moray	4.0%
Argyll & Bute	5.4%	North Lanarkshire	17.0%
Dumfries & Galloway	4.0%	Orkney	4.0%
East Ayrshire	6.0%	Perth and Kinross	5.0%
East Dunbartonshire	4.0%	Renfrewshire	3.0%
East Renfrewshire	4.0%	Scottish Borders	13.0%
Edinburgh	6.0%	Stirling	0.0%
Fife	8.2%	West Dunbartonshire	3.8%

11 Perth and Kinross CHP Training Needs Analysis

For detailed training reports on specific CHP area team compliance, see Appendix A.

Perth and Kinross CHP Training Figures - March 2014

In December 2013:

- **55%** of Perth and Kinross CHP staff had been trained in basic Adult Support and Protection (Level 1).
- **30%** of A&E/Acute staff had been trained in basic Adult Support and Protection (Level 1).

In December 2013 all CHP senior managers agreed the following actions at P&K Senior Perth & Kinross Senior Management Team (SMT) meeting:

- 1 All CHP managers were to ensure basic awareness ASP training in all wards and department areas by 31 March 2014 (Level 1).
- 2 Face-to-Face Level 1 training was to be provided in priority CHP areas via ASP Project Lead by 31 March 2014.
- 3 An updated training status position was to be completed by the end of March 2014 and presented to Perth and Kinross CHP General Manager and Senior Management Team.

Updates were subsequently received by all CHP and PRI Acute Adult teams in March 2014 with a **61%** return rate from area team leaders.

Appendix 1A

The following table represents 3 months' training progress in 14 CHP service areas.

Perth and Kinross CHP	Staff No's	December Trained		March Update	
A&C Services	107	7	7%	66	61%
AHP	143	78	56%	98	68%
Community Nursing/Paliative Care	158	124	83%	124	83%
Adult Mental Health	175	113	64%	122	69%
Forensic Mental Health	139	57	41%	57	41%
Children, Young People & Families	70	40	43%	65	92%
Learning Disabilities	28	26	92%	28	92%
O/P Mental Health	144	104	74%	133	92%
Pharmacy	65	5	8%	65	8%
Primary Care	135	3	2%	3	2%
Prisoner H/C	41	0	0%	41	100%
Community Hospital/MIU	120	48	39%	92	76%
PRI Tay/Stroke/Simpson	70	14	20%	20	28%
PRI Dementia Liaison	4	4	100%	4	100%
Totals	1,399	642	55%	918	66%

PRI	Staff	December Trained		March Update	
PRI Acute/A&E	307	94	30%	111	36%

Perth and Kinross CHP Training Needs Analysis - March Progress Update

In March 2014 **66%** of Perth and Kinross CHP staff were trained in basic Adult Support and Protection - an increase of **11%** within the 3 month audit period.

In March 2014 **36%** of PRI/A&E staff were trained in basic Adult Support and Protection - an increase of **6%** within the 3 month audit period.

Significant progress was made with Level 1 ASP training in 5 priority CHP areas within this 3 month period:

- 1 Prisoner healthcare: **0% - 100%** trained
- 2 A&E nursing staff: **0% - 100%** trained

- 3 A&C staff: **7% - 61%** trained
- 4 Children, young people and families: **43%- 92%**
- 5 Community Hospitals: **39% -76%**

Support is still required from CHP managers within Primary Care, Pharmacy, Forensic Psychiatry and PRI Acute/ MFTE wards to complete Level 1 basic awareness training.

All training needs have been focussed on basic awareness (Level 1 training).

CHP training resources have yet to be identified to support Level 2 or Level 3 training at present.

12 Perth and Kinross Staff Additional ASP Training Requests – March 2014

In addition to the assessment of general Perth and Kinross staff ASP training needs, requests for specific training were grouped into the following areas:

- *minimising financial harm;*
- *self-harm/suicide prevention;*
- *joint investigative interviews;*
- *Adults with Incapacity Act;*
- *care programme approach;*
- *ASP legislation;*
- *case studies/chronologies;*
- *update on legal issues - guardianship/power of attorney;*
- *scams/fraud;*
- *learning around the interface between the various legislations used in ASP/MH/Public Protection;*
- *online exploitation;*
- *ASP and the Integration Agenda;*
- *Community Policing and ASP cases;*
- *Human Rights awareness.*

13 A&E National ASP Project – March 2014

At present, relatively little is known nationally about how well ASP is being delivered in accident and emergency settings although there are some examples of good practice in some parts of Scotland. The ASP Biennial reports provide examples including an assessment tool developed in the Borders with priority being given to ASP training in A&E in Grampian. The A&E project to consider practice and raise awareness of Adult Protection in A&E settings is designed to act as a lead-in to improving engagement in the NHS more widely.

Appendix 1A

Project Objectives

To improve policy and practice in A&E settings so that staff understand Adult Support and Protection and:

- *identify adults at risk of harm under the ASP legislation;*
- *report to the local Adult Protection services adults that have been harmed or are thought to be at risk of harm;*
- *comply regarding the duty of NHS staff to co-operate;*
- *ensure the NHS pathway of care from the A&E setting is responsive to Adult Support and Protection needs, ie NHS 24/Ambulance (SAS) A&E department admissions and discharge planning.*

Benefits Sought From National Pilot

- *Improved engagement of A&E departments with other partners with responsibilities for Adult Support and Protection.*
- *Improved awareness and understanding of A&E staff with ASP through effective training and support.*
- *Improved practice in the number of appropriate ASP referrals.*
- *Evidence that appropriate referrals are being made both to Adult Protection services and Police (where a crime is suspected).*
- *Identification (and ultimately reduction) of repeat presentations at A&E departments of adults (at risk) suffering suspected harm, eg indicators of neglect in Care Home settings.*
- *Sustainability through evaluation and monitoring.*
- *Accountability of NHS Boards reflecting the governance arrangements that give Adult Protection the same status as Child Protection.*

National A&E Project (NHS Tayside Progress to Date)

- *2 audit cycles to assess the level of awareness, knowledge and understanding of staff on Adult Protection in A&E have now been completed.*
- *2 audit cycles of the numbers of staff who have done training on ASP in A&E have now been completed.*
- *An assessment of the number and nature of referrals from A&E has now been completed.*
- *100% of PRI A&E nursing staff have now completed Level 1 ASP training.*
- *Tayside emergency medical staff have agreed to complete Level 1 training and this is currently in progress.*
- *ASP Project Lead has agreed a joint reporting mechanism with emergency medicine practitioners for both Child and Adult Protection in association with the review of the Tayside ASP Protocol.*
- *Significant lessons have been learned from national examples of good ASP practice as well as joint collaboration with Tayside A&E medical services for joint Child/Adult Protection.*

Appendix 1A

Assumptions/Constraints

The national A&E work is presently operating within the constraints of existing ASP legislation as well as the Adults with Incapacity Act, Mental Health Act and other existing related legislation. However, recommendations for amendments to national legislation could be products of this project.

NHS constraints to be considered during the lifetime of this project may include workforce, competing statutory training requirements, staffing, capacity, policies and budget.

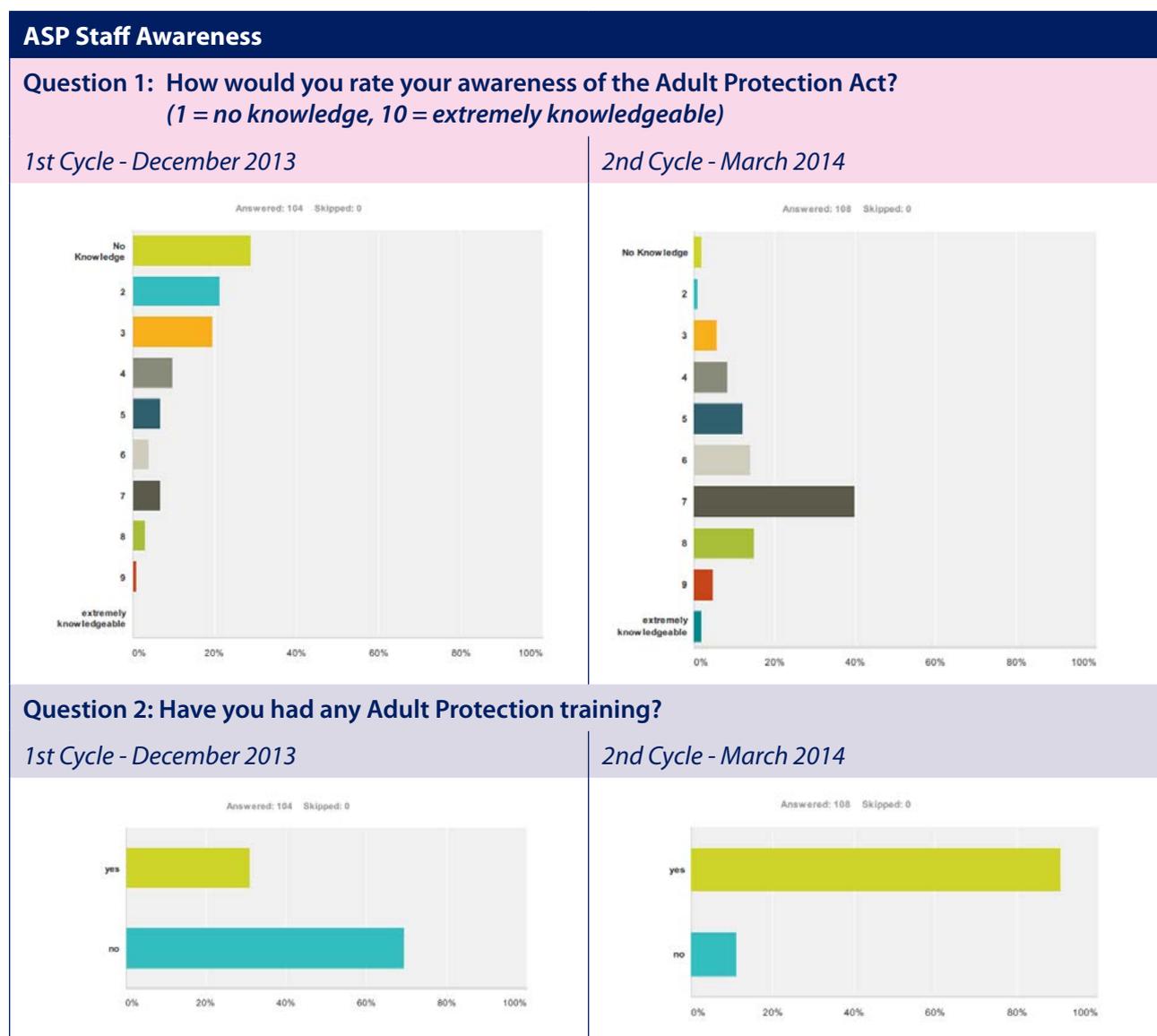
A&E Project Risks

- *Inadequate resource or support for project delivery.*
- *Difficulties with scope of the project.*
- *Introducing an unrealistic level of requirement or expectation of NHS staff not sustainable by NHS Boards.*
- *Deliverables aligned to other standards, eg HIS.*
- *Difficulty of evaluating success of project within project timescales as it will take time to see if products help deliver changes needed.*
- *Ensuring benefits delivered post project conclusion.*
- *“Appropriate” reporting to Adult Protection services is subjective and the threshold for ASP reporting, for example poor practice versus neglect and adult at risk of harm versus distressed adult (not covered by legislation), is dependent on professional judgement that will vary and NHS staff judgements may differ from that of local lead agency.*

14 Perth and Kinross NHS Staff Awareness of ASP

In order to measure the impact of ASP Training within Perth and Kinross CHP and in conjunction with the Scottish National Pilot of ASP within A&E units, 104 Perth and Kinross A&E/Acute hospital staff were surveyed in **December 2013** to establish a baseline level of ASP awareness.

This survey was repeated with the same population sample size in **March 2014** and the comparative results are as follows.

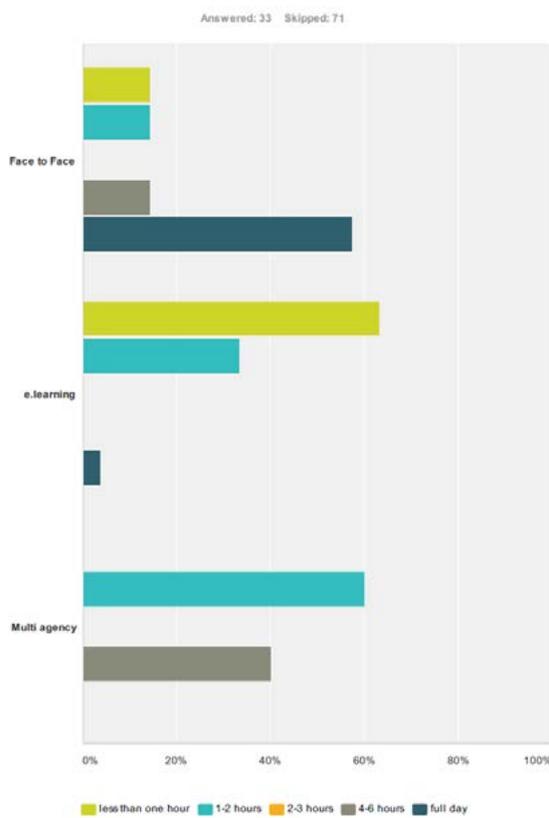


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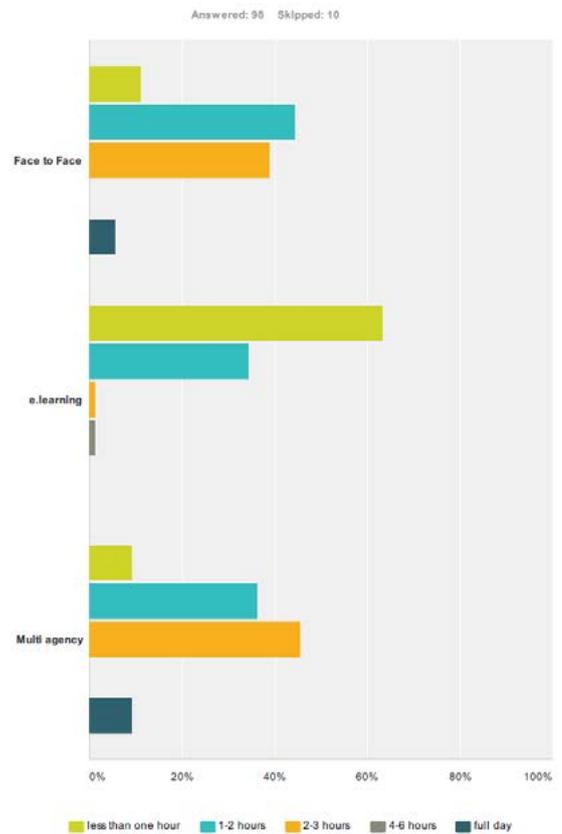
ASP Staff Awareness

Question 3: How long did the training take to complete?

1st Cycle - December 2013

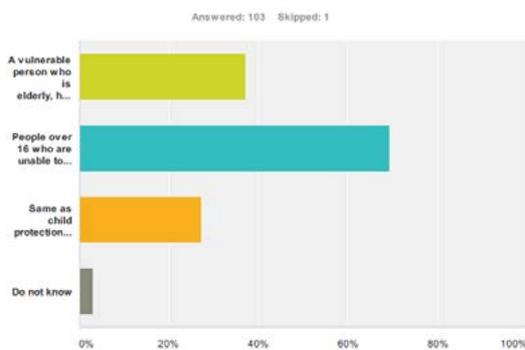


2nd Cycle - March 2014

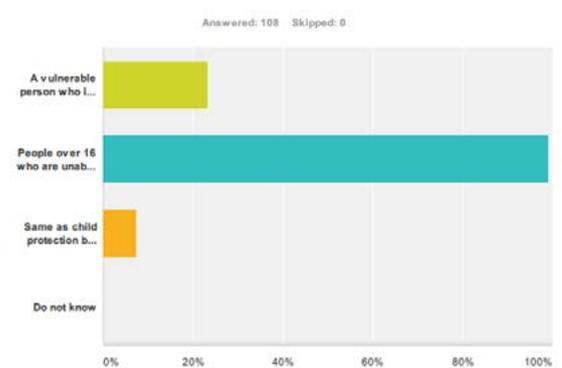


Question 4: Do you know who is an adult at risk of harm?

1st Cycle - December 2013



2nd Cycle - March 2014

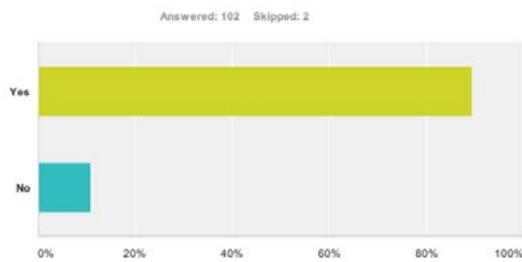


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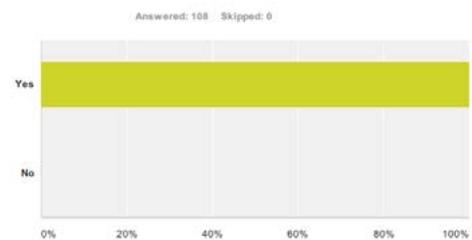
ASP Staff Awareness

Question 5: As a member of NHS staff do you think it your responsibility to tell if a vulnerable person is at risk of harm?

1st Cycle - December 2013

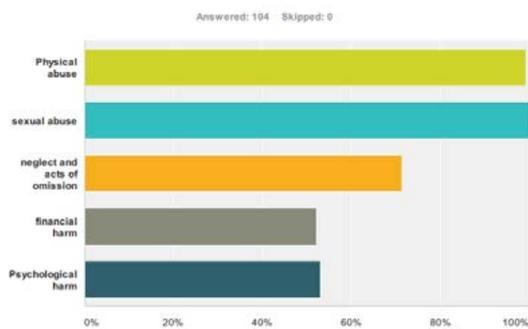


2nd Cycle - March 2014

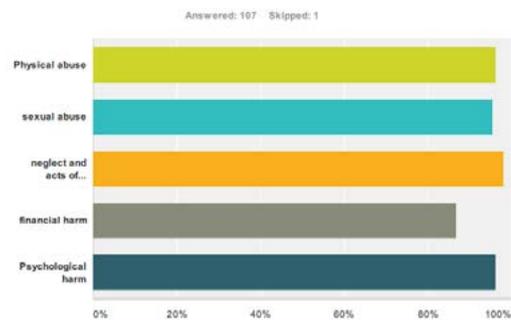


Question 6: What would make you consider if a patient required Adult Support and Protection?

1st Cycle - December 2013

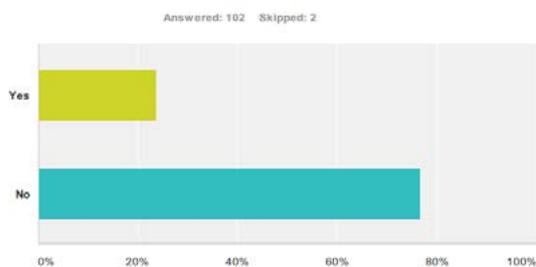


2nd Cycle - March 2014

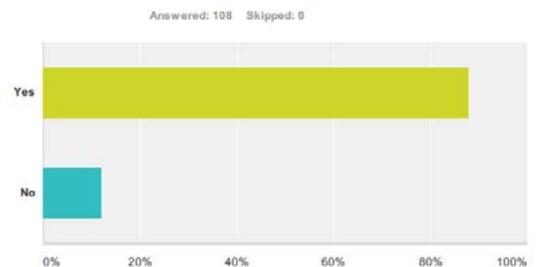


Question 7: Are you familiar with your local Adult Support and Protection procedures?

1st Cycle - December 2013



2nd Cycle - March 2014

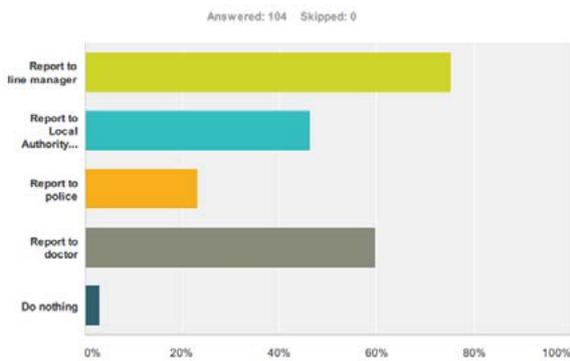


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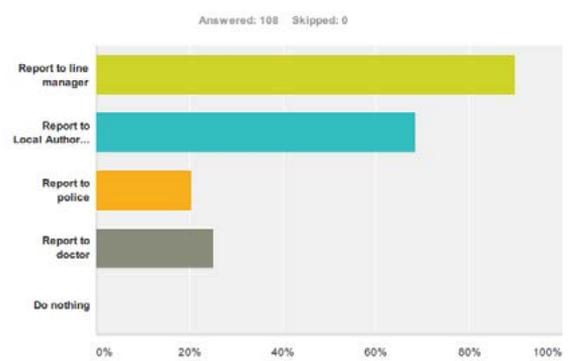
ASP Staff Awareness

Question 8: If you had a concern about an adult you think is being harmed what would you do?

1st Cycle - December 2013

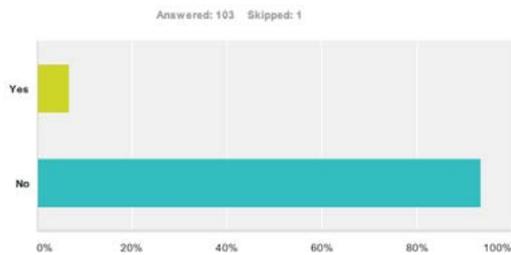


2nd Cycle - March 2014

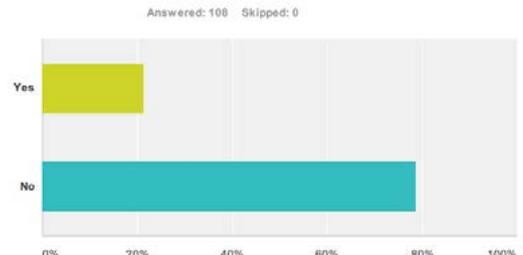


Question 9: Have you ever reported an Adult Protection concern to your local authority?

1st Cycle - December 2013

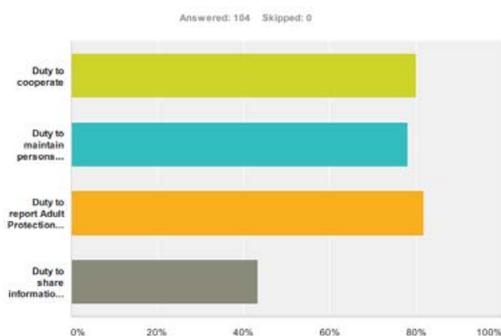


2nd Cycle - March 2014

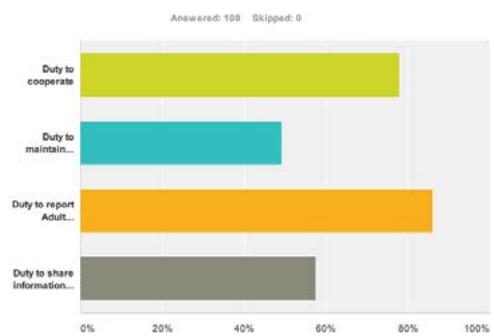


Question 10: What do you think are the legal duties that the ASP Act places on you as an NHS Staff member?

1st Cycle - December 2013



2nd Cycle - March 2014



15 Summary Evaluation, Evidence and Impact

Brief Outline of Participation in the National ASP in A&E Work

- Completed A&E pilot work in one of 3 A&E departments in Tayside (Perth Royal Infirmary).
- Completed initial ASP awareness staff survey (104 multidisciplinary staff, Nursing/Medical/AHP) - **December 2013**.
- Completed second cycle ASP awareness staff survey (108 multidisciplinary staff, Nursing/Medical/AHP) - **March 2014**.
- Ensured completion of Level 1 basic awareness training of all A&E nursing staff in PRI.
- Ensured completion of Level 1 basic awareness training of all A&E medical staff in PRI (in progress).

Key Challenges

- Initial 'buy in' from medical staff due to competing clinical priorities.
- Volume of statutory/mandatory training already in existence for all staff.
- 0% Nursing/Medical/AHP staff trained in December 2013.
- Differing ASP referral mechanisms across 3 Social Work area teams in Tayside (Perth, Dundee/Angus).
- E-learning modules do not detail different reporting methods - confusing for staff who work in acute settings across 3 geographical areas.
- Different E-learning platforms across health/social care do not support inter-agency E-learning.
- Staff release time for training.
- NHS Staff's common perception that reporting ASP concerns is a Social Work team responsibility.

What has worked well? (Including examples of good practice)

- During face-to-face training sessions - use of relevant clinical scenarios was well received by all staff.
- Use of brief intervention training during staff changeover periods to ensure least conflict with clinical priorities (15 minute sessions).
- Review of ASP operating procedure in Tayside has led to a similar review of Child Protection reporting methods to produce shared documentation.
- Having a clearly identified NHS advisor to respond to staff ASP queries has been beneficial.

Evaluation, Evidence and Impact

- **100%** increase in A&E staff that have had Adult Protection training:
0% trained in December 2013, 100% trained in March 2014
- **30%** increase in A&E staff who know who is an adult at risk of harm:
70% knew in December 2013, 100% knew in March 2014
- **10%** increase in A&E staff who think it is their responsibility to tell someone if they think a vulnerable adult is harmed or at risk of harm:
90% in December 2013, 100% in March 2014
- **70%** increase in A&E staff who are familiar with their local Adult Support and Protection procedures and know where to access this information:
20% knew in December 2013, 90% knew in March 2014
- **25%** increase in A&E staff who if they had a concern about an adult who they think has been harmed or is at risk of being harmed would report to the Local Authority Adult Protection service:
45% would report in December 2013, 70% would report in March 2014
- **12%** increase in A&E staff who have accessed Adult Protection advice or reported an Adult Protection concern to their Local Authority Adult Protection service:
10% have reported in December 2013, 22% have reported in March 2014
- **10%** increase in A&E staff who understand the legal duties the Adult Support and Protection Act places on NHS staff member
(Duty to co-operate; duty to report Adult Protection concerns to the Council and assist with inquiries and investigations; duty to share information including information in health records)
- If you were able to obtain the number of Adult Protection referrals from A&E services for a past period of time and compare with a similar period after carrying out your pilot activity, please indicate if these have increased:
There were no referrals from A&E services to Adult Protection services in Perth and Kinross during the audit period December 2013 - March 2014

16 Perth & Kinross Committee ASP Priorities 2013-2014

- *Embed and progress service user involvement.*
- *Improve outcomes and ensure adults at risk are supported.*
- *Explore measures to address specific types of harm.*
- *Develop new protocol with Care Inspectorate regarding Adult Support and Protection Investigations and Large Scale Inquiries.*
- *Increase referrals to independent advocacy.*
- *Develop effective links with Mental Welfare Commission.*

- *Improve quality assurance processes.*
- *Improve data collection and analysis.*
- *Develop guidance for overlap of legislative processes.*

17 ASP NHS Report Conclusions/Recommendations

Perth & Kinross ASP priorities for the coming year are now to progress work in the five national workstreams identified by the Scottish Government's National ASP Policy Forum. The appointment of an Adult Support and Protection NHS Lead in Perth and Kinross has enabled more effective multi-agency working and identified the specific focus needed to significantly increase NHS staff training and engagement in raising awareness of ASP needs. This post is now permanently required to ensure proactive leadership and NHS staff engagement with the implementation of statutory legislation.

There remains a significant workload to ensure that all Perth and Kinross CHP staff are compliant with their duties to identify and report Adult Protection concerns under the 2007 ASP Act. This project has only focussed on one CHP area in Tayside. Investment is required to implement a similar ASP support structure within Dundee and Angus, in particular within the acute medical setting and A&E.

There are obvious inequalities within NHS Tayside with regards to workforce staffing within child/Adult Protection services. Child Protection services have been fully embedded in Tayside since the 'Protection of Children (Scotland) Act 2003' and there has been an inequitous financial investment provided nationally for the implementation of the ASP Act 4 years later.

Greater emphasis needs to be given by all CHP managers to ensure that all staff are aware of their statutory duties under the ASP Act.

Perth and Kinross CHP and NHS Tayside managers should ensure that their staff:

- *have received Levels 1-3 training in Statutory ASP legislative practice;*
- *report the facts and circumstances to the local Council when they know or believe that someone is an adult at risk and that action is needed to protect that adult from harm;*
- *co-operate with the Council and each other to enable or assist the Council making inquiries.*

For detailed information of Perth & Kinross ASP future workplan requirements see **Appendix 1B**.

Appendix 1B

Adult Support and Protection (ASP) Action Plan for Perth and Kinross Community Health Partnership - 31 July 2014

ASP Outcomes to be Achieved - January 2013	Action Required	Progress to Date - 31 July 2014
1 Appointment of ASP NHS Project Lead for Perth and Kinross CHP to ensure effective implementation of ASP statutory legislation across the organisation.	<ul style="list-style-type: none"> • Agree job description, funding streams and complete recruitment process. 	<p>Job description/person specification and knowledge/skills framework requirements (KSF) have been completed and presented to Perth and Kinross SMT (June 2014).</p> <p>Perth and Kinross CHP/SMT funding not approved to progress to ASP post recruitment.</p>
2 ASP Project Lead to design, develop, implement and evaluate programmes of Adult Protection training/development for new and existing staff across Perth and Kinross CHP.	<ul style="list-style-type: none"> • Ensure completion of all CHP staff basic awareness (Level 1-3 training). • Monitor effectiveness of increased staff participation in ASP training. • Co-ordinate 'Assessment of Capacity' training for senior Perth and Kinross staff for 'Adults Assessment of Capacity' in conjunction with AWI/NHS Consultant Psychiatrist/Dundee University. 	<p>Audit of current ASP (Level one) training completed in Perth and Kinross:</p> <ul style="list-style-type: none"> • 66% of Perth and Kinross CHP staff have now completed basic awareness • 0% Perth and Kinross CHP staff trained in ASP Level 2 • 0% Perth and Kinross CHP staff trained in ASP Level 3 <p>Level 1 ASP training figures for "basic awareness" in NHS Tayside (July 2014):</p> <ul style="list-style-type: none"> • Dundee NHS Level 1 ASP basic awareness completed - 27% • Angus NHS Level 1 ASP basic awareness completed - 39% • Perth and Kinross NHS Level 1 ASP - 66% <p>AWI (ASP Level 3) course content for Perth and Kinross now agreed. Consultant Psychiatrist protected teaching sessions now secured with Dr Cesar Rodriguez in conjunction with Napier University, Edinburgh. Course content to be agreed with Head of Learning & Development, NHS Tayside.</p> <p>Further support from Learning & Development Team and protected senior staff time from Perth and Kinross SMT is now required to implement the AWI (assessment of adults with incapacity course) in Perth and Kinross.</p>

Appendix 1B

ASP Outcomes to be Achieved - January 2013	Action Required	Progress to Date - 31 July 2014
<p>3 Implement programme to train ASP "Champions" across Perth and Kinross CHP teams to ensure cascade of knowledge and skills.</p>	<ul style="list-style-type: none"> • <i>Meet with SMT Managers to agree 'Champions' model for ASP training sustainability and associated resource time allocation to enable protected training time.</i> • <i>Use NES (National Education for Scotland) training resources to ensure nationally accredited ASP champions.</i> 	<p>Agreement reached from Perth and Kinross CHP SMT to train ASP champions within all areas teams for cascade training using NES ASP national Level 3 training package. (SMT Meeting Minute June 2014).</p> <p>No further allocated resource time agreed to enable protected Level 3 training.</p> <p>Audit of existing ASP leads completed within LD/ adult mental health and older people's mental health.</p> <p>9 champions trained in 2011 all now requiring refresher updates (Level 3) - no champions presently providing any face-to-face training to other staff in area teams.</p> <p>45 champions still required to be identified and trained for all other CHP teams in Perth and Kinross.</p>
<p>4 Co-ordinate Perth and Kinross NHS ASP conference in partnership with Local Authority leads.</p>	<ul style="list-style-type: none"> • <i>Co-ordinate Perth and Kinross CHP ASP Conference to raise awareness in partnership with Perth & Kinross Council.</i> 	<p>July 2014 - yet to agree conference requirements with Perth & Kinross Council/Perth and Kinross CHP as part of future integration agenda.</p> <p>Greater emphasis to be placed on ASP requirements due to lack of NHS staff engagement at previous 2 conferences.</p>
<p>5 Participate in Tayside ASP workshop to inform Perth and Kinross CHP strategic direction and future communication structures for NHS staff.</p>	<ul style="list-style-type: none"> • <i>Attend Tayside ASP workshop led by A Davidson and contribute NHS Tayside ASP requirements for improved NHS engagement.</i> 	<p>Awaiting workshop date from A Davidson and NHS Tayside leads to agree future ASP structure.</p>

Appendix 1B

ASP Outcomes to be Achieved - January 2013	Action Required	Progress to Date - 31 July 2014
6 Completion of National A&E pilot for NHS Scotland.	<ul style="list-style-type: none"> • Complete National A&E audit with lead role for NHS Tayside. • Ensure completion of all Perth and Kinross A&E staff ASP Level 1 training. • Complete/agree ASP reporting format with Child Protection team in A&E. 	<p>A&E pilot completed in May 2014 and results posted on Scottish government website: www.scotland.gov.uk/Resource/0045/00455044.pdf</p> <ul style="list-style-type: none"> • 100% Perth and Kinross A&E staff now completed basic awareness training. • 0% A&E staff trained in Dundee. • 0% A&E staff trained in Angus. <p>National Recommendations</p> <p>NHS A&E staff and undergraduate health professionals in higher academic institutions to complete mandatory ASP training.</p> <p>NHS Boards to explore models to maintain awareness, eg ASP champions.</p> <p>Councils to provide single point contacts for referrals. APCs to work with partners to review referral forms/methods and security of email systems for information sharing.</p> <p>APCs to work collaboratively with A&E services, providing feedback on action taken from referrals and case reviews.</p> <p>APCs to review APC representation and roles, eg invite partners to consider developing a one-stop people protection referral process.</p> <p>Scottish Government to investigate evidence of need for better response for people who do not meet ASP criteria (eg adults in distress).</p>
7 Agree ASP documentation for use in ASP process (Tayside).	<ul style="list-style-type: none"> • Participate in completion of Tayside operational policy for all NHS Tayside staff. 	<p>In progress - almost completed - awaiting Dundee representative to finally agree operational reporting methods to 3 local authority teams (Dundee/Perth Angus).</p>
8 Review and contribute to the redesign of NHS Tayside ASP e-learning modules.	<ul style="list-style-type: none"> • Agree data sharing requirements with Perth & Kinross Council to establish joined inter-agency e-learning. • Available through Staffnet and Perth & Kinross Council website. 	<p>Partnership e-learning module now available on eric.</p> <p>Agreed learnpro module content changes to reflect reporting mechanisms in 3 Local authority areas.</p>

Appendix 1B

ASP Outcomes to be Achieved - January 2013	Action Required	Progress to Date - 31 July 2014
9 Establish Adult Protection website on NHS Staffnet homepage.	<ul style="list-style-type: none"> • <i>Co-ordinate, design and introduce simple and accessible links to increase NHS Staff participation with Adult protection on Staffnet.</i> 	Not yet commenced.
10 In conjunction with National Care Home ASP priority, review and raise the profile of ASP reporting from NHS Staff who provide services to Care Homes.	<ul style="list-style-type: none"> • <i>Participate in review of numbers of ASP reports from Care Homes who have also had NHS staff involvement.</i> • <i>Make recommendations for improvements.</i> 	Participated in Perth and Kinross Care Home workshop. Recommendations for improving NHS staff ASP reporting not yet commenced.
11 Ensure NHS staff are aware of training requirements as part of National Priority 4 (Financial harm)	<ul style="list-style-type: none"> • <i>Disseminate inter-agency procedure on management of financial harm and ensure staff awareness of implementation through training and evaluation.</i> 	<p>Completed local partnership procedure on financial harm.</p> <p>Staff training on prevention of financial harm not commenced.</p> <p>ASP Committee now has representation from Royal Bank of Scotland. In process of agreeing simple procedure for bank staff to identify older people at risk of financial harm.</p> <p>Pilot to test the use of scam call blocking device "True call" currently in progress within older peoples mental health in partnership with trading standards. 10 clients identified. Audit to be completed November 2014.</p> <p>Completed NHS data requirements from scams "Sucker" list.</p>
12 Contribute to National Priority 5 (National Dataset) to inform NHS staff ASP reporting requirements.	<ul style="list-style-type: none"> • <i>Participate in submission of NHS staff data requirements from NHS Tayside to support a national, inter-agency ASP dataset.</i> 	Not yet commenced.
13 Support review of multi-agency risk assessment process for integration agenda in Perth and Kinross.	<ul style="list-style-type: none"> • <i>Map existing NHS risk assessment process.</i> • <i>Produce partnership risk assessment pathway with Local Authority/CCSIG.</i> 	<p>Completed mapping of current process within Police Scotland, NHS Tayside and Perth & Kinross Council.</p> <p>Integrated process requires approval from SMT/ Local Authority partnership once clear structures are in place as part of integration process.</p>

Appendix 1B

ASP Outcomes to be Achieved - January 2013	Action Required	Progress to Date - 31 July 2014
<p>14 Implement use of NHS Chronologies within Perth and Kinross CHP patient records.</p>	<ul style="list-style-type: none"> Attend professional nurse forum and thereafter undertake tests of change in Mental Health/Learning Disabilities and District Nursing Older People's teams to evaluate impact of chronology use and measure data/time resource requirements. 	<p>4 x PDSAs completed within Older People's District Nursing teams, Learning Disabilities and TSMS.</p> <p>5 x PDSA's still to be completed within prisoner healthcare, adult/older peoples mental health, palliative care, central healthcare.</p> <p>Completed report to be submitted to SMT for approval.</p> <p>Thereafter agree process for implementation of standardised chronology use on MIDIS within Perth and Kinross CHP.</p>
<p>15 Support the development of multi-agency chronologies (NHS/SW/ Police).</p>	<ul style="list-style-type: none"> Once NHS tests of change have been completed, make recommendations for NHS input to multi-agency chronologies. 	<p>Not yet commenced.</p>
<p>16 Support an increase in the volume of NHS staff referrals to independent advocacy</p>	<ul style="list-style-type: none"> As part of Level 1 ASP training ensure all CHP staff are provided with information to access advocacy services. Review advocacy referral numbers to measure compliance. 	<p>Not yet commenced.</p>

Appendix 1B

ASP Outcomes to be Achieved - January 2013	Action Required	Progress to Date - 31 July 2014
<p>17 Participate in annual multi-agency case file audits.</p>	<ul style="list-style-type: none"> Once completed, ensure NHS staff are provided with training, feedback and recommendations to improve information sharing across agencies. 	<p>Completed case file audit in May 2014 (10 inter-agency records from NHS/Police and Local Authority).</p> <p>NHS staff case files evidenced minimal NHS participation in multi-agency case reviews.</p> <p>No NHS chronologies were observed within care records.</p> <p>No records were provided from physical/acute healthcare settings.</p> <p>Further work is required to train and support Perth and Kinross CHP staff to adhere to statutory legislative documentation requirements especially within the acute hospital setting.</p>
<p>18 Support the development of guidance for multi-agency staff to understand differing legislative processes.</p>	<ul style="list-style-type: none"> Ensure the delivery of inter-agency staff education programmes with Mental Health Act/ASP Act/Care Programme approach in partnership with Local Authority. 	<p>Education programmes not yet commenced.</p>
<p>19 Review methods for NHS staff to report ASP concerns and make recommendations for improvements in data collection and analysis.</p>	<ul style="list-style-type: none"> In partnership with Access Team, Social Work teams and Police and Fire and Rescue services, review NHS referral pathway in P&K. (review telephone referrals/documentation/SWIFT) 	<p>Pathways for ASP reporting in Perth and Kinross remain clear and consistent via single point of contact in Perth & Kinross Council Access Team.</p> <p>Further training for Social Work team leaders is required for consistency of allocation after initial screening process via 3 point test.</p> <p>Dundee/Angus do not have single point of contact for reporting ASP concerns which makes consistent ASP Tayside reporting for NHS staff difficult to implement and evaluate.</p> <p>Once operational procedure is agreed for NHS Tayside this should be disseminated via Vital Signs and Staffnet.</p> <p>Thereafter, NHST governance structure should support qualitative and quantitative measurement of ASP outcomes (ie increase in ASP referral rates from NHS staff to ASP locality teams).</p>

Appendix 2

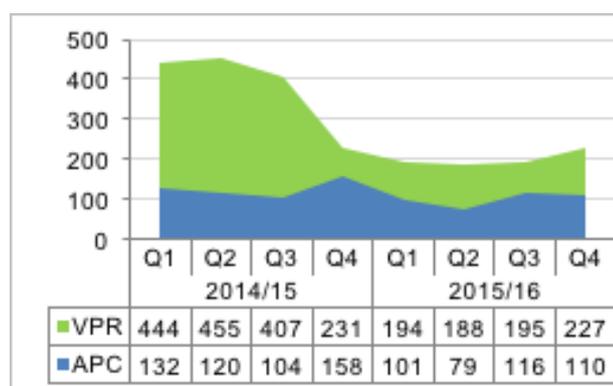
Perth and Kinross Adult Protection Committee Biennial Statistical Analysis Covering Period of 1 April 2014 - 31 March 2016

Housing & Community Care - Adult Support and Protection

Adult Protection Concerns and Vulnerable Person Reports

Over the last two years the number of Adult Protection Concerns (APCs) and Vulnerable Person Reports (VPRs) has fallen by 41%. The number of Adult Protection Inquiries also fell by 31%. Females aged 81 and over account for the largest proportion of APCs received, inquiries and investigations held. Worries about individuals being physically or financially harmed were the most common reasons for inquiries/investigations taking place.

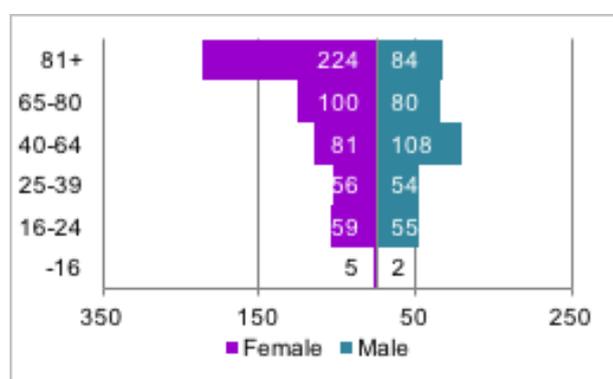
Figure 1: Number of VPRs and APCs



The total number of VPRs received in 2015/16 (804 reports) was almost half of the total number that were received in 2014/15 (1,537 reports). Improved screening processes by Police Scotland has contributed to this reduction.

The total number of APCs received in 2015/16 (406 concerns) fell by 21% compared to the previous year.

Figure 2: Number of APCs by Gender and Age



The total proportion of APCs by gender over the two year period was 57% female, 42% male and 1% not recorded.

Females over the age of 81 accounted for nearly a quarter, 24%, of all APCs received.

There were 12 APCs where the age and/or gender of the person was not recorded.

Appendix 2

Figure 3: Number of VPRs by Gender and Age

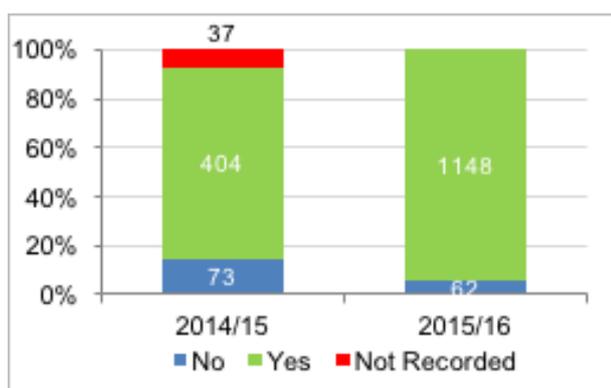


The total proportion of VPRs by gender over the two year period was 49% female, 51% male.

There were 2 VPRs where the age of the person was not recorded.

Males aged 40-64 accounted for 18% of the total VPRs received.

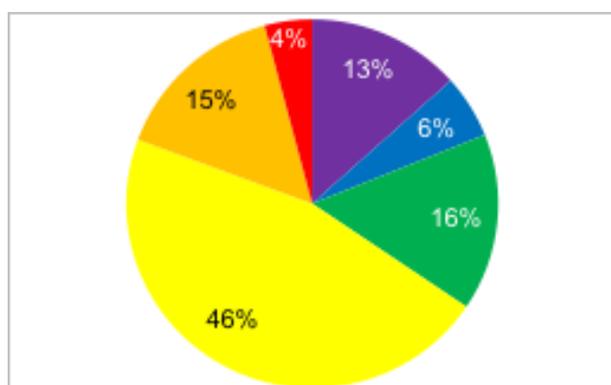
Figure 4: Number of APCs and VPRs Screened Within 24 Hours



In 2015/16, 95% of all APCs and VPRs were screened within 24 hours. This is an improvement on 2014/15 when 70% of all APCs and VPRs were screened within 24 hours.

In 2015/16 all APCs and VPRs had a recorded outcome for screening within 24 hours; again this is an improvement on 2014/15 where 12% of APCs and VPRs were missing a recorded outcome.

Figure 5: 2014-2016 APCs Disposals



The proportion of APCs progressed to an inquiry was similar in 2014/15 and 2015/16, 47% and 45% respectively.

In 2015/16 there was a 6% reduction in the proportion of APCs where there was no further Social Work intervention.

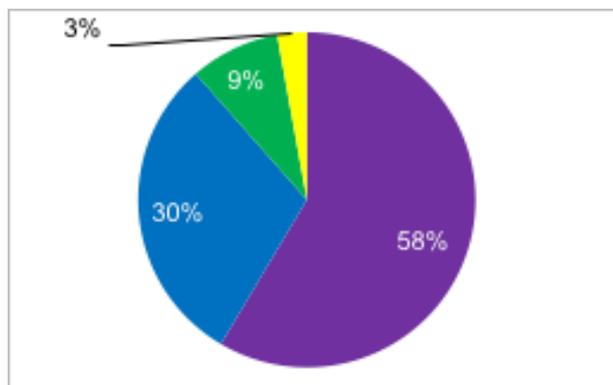
The proportion of APCs progressing to a large scale investigation also fell from 6% to 2%.

Legend

- No further Social Work Intervention
- Passed to Team
- Progressed to AP Investigation
- Passed to Key Worker
- Progressed to AP Inquiry
- Progressed to Large Scale

Appendix 2

Figure 6: 2014-16 VPRs Disposals



Legend

- No further Social Work Intervention
- Passed to Key Worker
- Passed to Team
- Progressed to AP Inquiry
- Progressed to AP Investigation
- Progressed to Large Scale

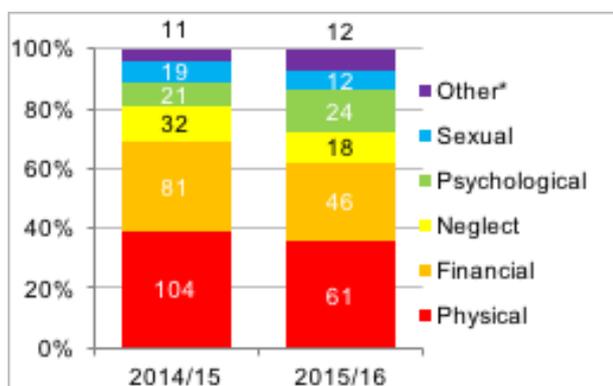
In 2014/15 the proportion of VPRs with no further Social Work intervention was 60% in 2015/16 this proportion fell to 55%. This resulted in a small proportional rise in those VPRs passed to Key Worker and passed to team.

Over the two year period there were fewer than ten VPRs progressed to an investigation or large scale investigation.

Housing & Community Care - Adult Support and Protection

Adult Protection Concerns Inquiries

Figure 7: Proportion of Inquiries by Nature of Harm



In 2014/15 there were 290 Adult Protection Inquiries; in 2015/16 this figure fell by 31% to 201. Over both years the most common nature of harm was physical.

In 2015/16 there were only three types of harm which increased by proportion of total inquiries; these were inquiries relating to psychological/emotional harm, family violence and domestic abuse¹.

Figure 8: Proportion of Inquiries by Client Group

Nature of Harm	2014/15	2015/16
Public Protection	0.3%	0.5%
Dementia	9.0%	14.0%
Education & Children's Services	1.0%	2.0%
Frailty or Illness	15.0%	16.0%

Over both years the most commonly reported client group were individuals with learning disabilities.

In 2015/16 there was an increase in the proportion of inquiries for individuals who have dementia.

* Other category includes domestic abuse, attempted suicide, family violence and self-harm.

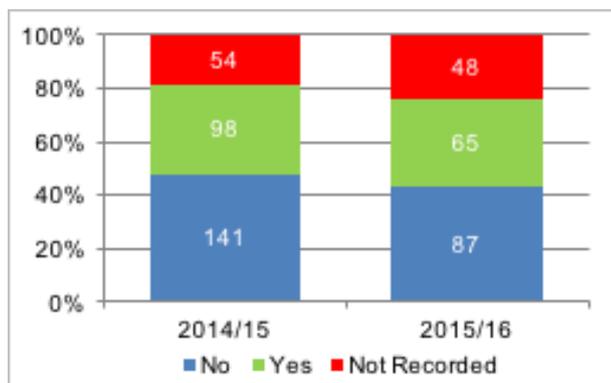
¹ Family violence and domestic abuse are contained within the 'Other' category due to the very small numbers involved.

Appendix 2

Figure 8 (continued)

Nature of Harm	2014/15	2015/16
Learning Disabilities	31.0%	26.0%
Mental Health	4.0%	5.0%
Not Recorded	9.0%	4.0%
Other (not further described)	3.0%	3.0%
Physical Disabilities Including Frailty Due to Old Age	24.0%	25.0%
Substance Misuse	3.0%	1.0%

Figure 9: Further Intervention Required



In 2015/16 there were 48 inquiries without a recorded outcome as to whether further intervention was required.

In 2015/16 a third of inquiries required further intervention. This is consistent with 2014/15.

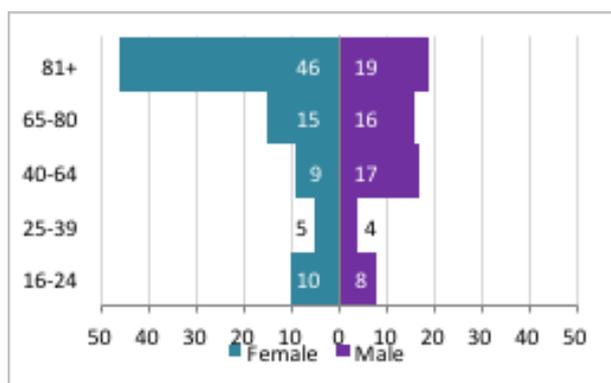
Of those individuals who engaged with services and had the capacity to understand or perceive the impact of intervention, 50% found the intervention had been helpful.

A further 19% of inquiries did not have response recorded to this question which is an improvement on 2014/15 where 28% were missing a response.

Housing & Community Care - Adult Support and Protection

Adult Protection Investigations

Figure 10: Number of AP Investigations by Gender and Age



Over both years there was a total of 148 Adult Protection Investigations. These were split evenly over the two years.

There is a seasonal trend with more investigations taking place during October to March.

Just under a third of all investigations were for females aged 81 and over.

Appendix 2

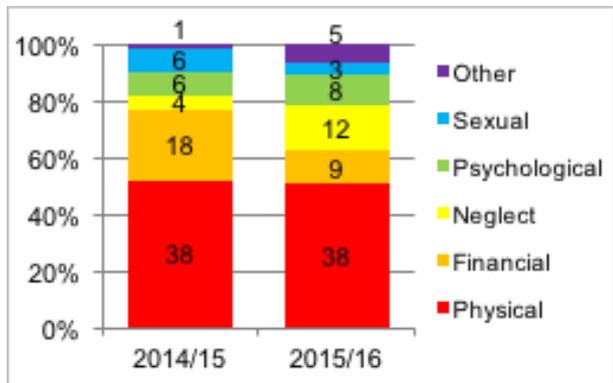
Figure 11: % of AP Investigations by Client Group

	2014/15	2015/16
Dementia	19%	31%
Frailty or Illness	15%	20%
Learning Disabilities	34%	21%
Mental Health	4%	4%
Not Recorded	4%	0%
Other	1%	1%
Physical Disabilities Including Frailty Due to Old Age	22%	21%
Substance Misuse	1%	1%

In 2015/16 all investigations had a recorded client group which is an improvement on the previous year.

The most notable change is the reduction in clients with learning disabilities and the increase in clients with dementia.

Figure 12: Number of AP Investigations by Nature of Harm

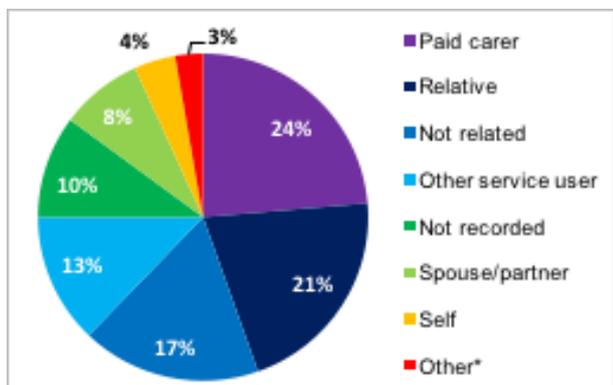


The number of investigations relating to financial harm in 2015/16 was half of the number reported in 2014/15.

In contrast the proportion of investigations relating to neglect increased from 5% in 2014/15 to 16% in 2015/16.

Investigations due to domestic abuse, family violence and self-harm have increased although are aggregated within the 'other'² category as the numbers are very small.

Figure 13: Investigations by Alleged Perpetrator



Nearly a quarter of alleged perpetrators were paid carers/workers.

Relatives were the second most common alleged perpetrator.

Over the two year period there were 3 investigations where the alleged perpetrator was unknown and 12 investigations where the clients relationship with the alleged perpetrator was not recorded.

² Other category includes domestic abuse, family violence and self-harm.

Appendix 2

Figure 14: % Investigations Disposals

	2014/15	2015/16
Further Social Work Intervention (non AP action)	56%	80%
Progress to Case Conference	26%	14%
Not Recorded	13%	5%
No Further Social Work Intervention	4%	0%

In 2014/15, 18 investigations progressed to a Case Conference; in 2015/16 this figure fell to 11.

In 2015/16 there were four investigations without a recorded outcome; this is an improvement on 2014/15 when this figure was 9.

Figure 15: % Investigations - Has intervention has been helpful?

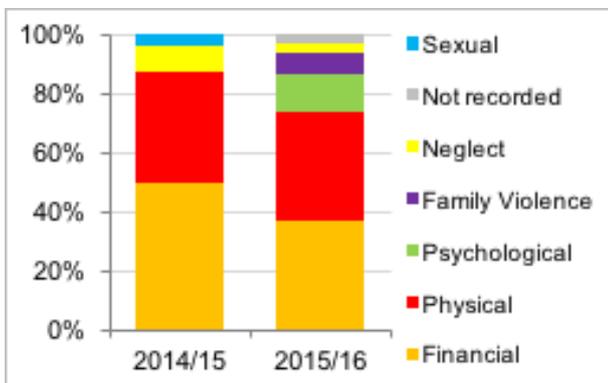
	2014/15	2015/16
Lacks Capacity	44%	44%
No	0%	1%
Not Recorded	21%	30%
Yes	35%	25%

In 2015/16, 23 clients perceived the intervention to be helpful. 39 people lacked the capacity to understand or perceive the impact that the intervention.

Housing & Community Care - Adult Support and Protection

Adult Protection Case Conferences

Figure 16: % of APCCs by Nature of Harm



Over the two year period there were 36 AP Initial Case Conferences and 18 AP Review Case Conferences.

43% of these conferences were in relation to alleged financial harm.

Just over a third (37%) of conferences were in relation to alleged physical harm.

The location of harm cited in the majority of case conferences was the client's home address.

Appendix 2

Figure 17: % of APCCs by Client Group

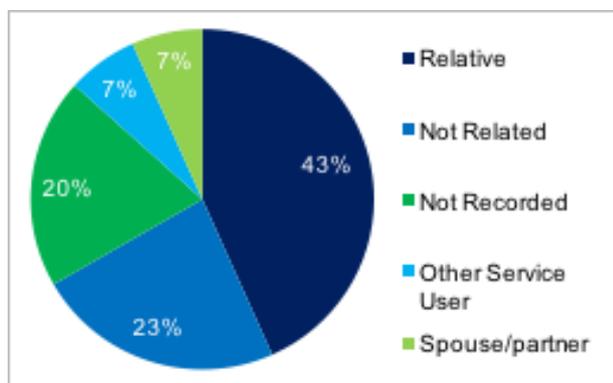
	2014/15	2015/16
Dementia	21%	17%
Frailty or Illness	0%	7%
Learning Disabilities	38%	23%
Mental Health	13%	17%
No Disability 16-64	8%	0%
Not Recorded	0%	7%
Palliative Care	0%	3%
Physical Disabilities Including Frailty Due to Old Age	21%	27%

Over the last two years the most notable change was the reduction in clients with learning disabilities.

The proportion of clients with dementia has also reduced.

In 2015/16, two conferences did not have a recorded client group.

Figure 18: % of 2015/16 APCCs by Alleged Perpetrator



The most commonly cited alleged perpetrator is a relative to the client.

The proportions of alleged perpetrators in 2015/16 were similar to those in 2014/15 with the most notable change being the increase of alleged perpetrators not related to the client; this rose from one in 2014/15 to six in 2015/16.

In 2015/16 there were five Case Conferences without a recorded alleged perpetrator.

Figure 19: % APCCs by Disposals

	2014/15	2015/16
Adult Protection Plan	42%	60%
Ongoing Monitoring Through Mainstream Procedures	25%	17%
No Further Action	8%	17%
Not Recorded	25%	7%

Over half of the Case Conferences resulted in the client being at the centre of an Adult Protection plan.

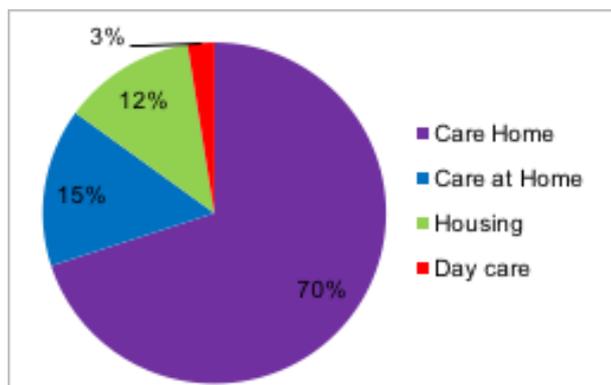
In 2015/16 there were two Case Conferences without a recorded disposal; this is an improvement on the previous year when six Case Conferences did not have a recorded outcome.

Appendix 2

Housing & Community Care - Adult Support and Protection

Large Scale Investigations

Figure 20: LSI by location of Investigation



Over the two year period there were 40 Large Scale Investigations (LSI), 22 in 2014/15 and 18 in 2015/16.

The majority of these investigations took place in Care Homes.

Following the first LSI audit in August 2015 a number of issues were identified as the reasons for a LSI being necessary. The main issues identified were:

- medication management;
- neglect, general care concerns;
- bullying of residents;
- inappropriate use of restraint;
- financial irregularities/misuse of resident funds;
- staff attitude and behaviour;
- not reporting of incidents/falls/injuries.

Housing & Community Care - Adult Support and Protection

Protection Orders

August 2014 - Removal Order applied for and refused.

This Order was requested to remove a son with a learning disability from the family home. The Removal Order was refused on the grounds that the harm was not serious enough.

May 2015 - Banning Order applied for and granted.

This Order was requested to prevent a son visiting his 85 year old mother who had physical and mental health issues. The Banning Order was to prevent financial exploitation by the son against his mother.

Appendix 3

Thresholds for Adult Protection Case Conferences (APCC) April-September 2015

Background

The Director (Housing & Community Care) and HCC Heads of Community Care had raised concerns about the low number of APCC in relation to the number of Adult Support and Protection (ASP) investigations conducted. The ASP Co-ordinator was asked to undertake an audit of cases to ascertain if thresholds were appropriate. It was suggested auditing 4-5 cases.

Known Information

From 1 April - 30 September 2015 Perth & Kinross received 471 referrals from Police (382) and other sources (189). While Police Vulnerable Person Reports (VPR) account for most of the referrals, very few progressed to ASP (3%).

Out of the 382 received:

- 163 were no further action or information given (43%);
- 189 were sent to teams or key workers (49%);
- 11 went to ASP (3%);
- 19 were dealt with by duty workers (5%).

Adult protection concerns submitted by all other sources totalled 189:

- 128 progressed to ASP including 9 that progressed to Large Scale Investigation and 2 done by other local authorities (68%);
- 37 were sent to teams or key workers (19%);
- 24 were no further action (13%).

Out of all referrals received 128 progressed to ASP (27%). Of these only 32 progressed to ASP Investigation.

From April to September there was 10 initial APCC that related to 7 clients. This means that 31% (10/32) progressed to APCC.

Although this is lower than the rate in the Biennial Report from 2012-2014 which was 53%, there were much lower numbers of ASP Investigations done.

On a national level the picture shows a range of progression rates from 10% to 63% of investigations to APCC. Of the nine local authorities that sent figures, Perth & Kinross Council are middle of the table.

In preparation for the case file audit, a list of all ASP investigations in this period was obtained that led to information gathering about the cases.

Appendix 3

Findings

There were 31 different individuals on the list (1 person had 2 investigations in this period).

Of these:

- 16 were listed as elderly frail although 9 had dementia (3 progressed to APCC of which 2 had dementia);
- 7 had learning disabilities (4 progressed to APCC);
- 3 had physical disabilities although 2 were 87 years old (1 APCC which led to a Protection Order);
- 2 mental health;
- 2 drug and alcohol (1 progressed to APCC);
- 1 palliative (progressed to APCC).

Location of harm was:

- Care Homes 18 (1 went to APCC)
- supported housing 3
- home address 10 (9 went to APCC)

Alleged perpetrators were:

- staff 9
- other service users 8
- family 6 (8 progressed to APCC as 2 investigations started prior to April)
- friends 2 (all 2 progressed to APCC)
- neighbour 1
- own behaviour/wandering 4
- falls 1

On checking notes and action plans it is clear the decision-making process was robust and appropriate for the circumstances and risks reduced or addressed:

- risk management plans put in place for resident to resident harm;
- staff suspected of harm either dismissed or faced disciplinary action;
- family as alleged perpetrators all proceeded to APCC with risk management plans or Protection Order.

Appendix 3

Conclusion

The threshold applied for proceeding to APCC is supported by decision-making based on ASP Investigation reports and appear appropriate for the risk identified.

Of the investigations undertaken in this time period, 58% (18/31) were resident in Care Homes. The most common harm is physical or neglect and the alleged perpetrators are staff or other service users. These figures do not include the 7 Large Scale Investigations in Care Homes during this period.

32% (10/31) related to an elderly person at home, most likely harm is physical, financial or neglect and alleged perpetrators are family members.

Mary Notman

ASP Co-ordinator

23 October 2015

Appendix 4

Adult Support and Protection Improvement Plan 2015-2016

The Perth & Kinross Adult Protection Committee and partners are committed to continuous improvement through self-evaluation and the work of the sub-committee.

Vision

People have the right to live as independently as possible in a safe environment; to be free from harm; to have their wishes and feelings taken into account; and to have the minimal amount of intervention in their personal lives.

Purpose

To support and protect adults who may be at risk of harm or neglect and who may not be able to protect themselves.

Local Context

Under the auspices of the Community Planning Framework, the **Perth and Kinross Community Plan/Single Outcome Agreement 2013-2023**  is the key strategic plans for all services in Perth and Kinross.

Our Strategic Objectives and Local Outcomes for 2013-2023 form the **golden thread** for all of our work to improve the lives of vulnerable people by ensuring that:

- *resilient, responsible and safe communities;*
- *people in vulnerable circumstances are protected;*
- *longer healthier lives for all.*

Appendix 4

Our Local Outcomes: A Whole Life Approach³



³ Source: Perth and Kinross Community Plan/Single Outcome Agreement (SOA) 2013-2023 
Perth & Kinross Council Corporate Plan 2013-2018 

Appendix 4

The Work of the Adult Protection Committee (APC)

The work of Perth & Kinross Adult Protection Committee is fundamental to ensuring better outcomes for vulnerable people who are at risk of harm, neglect and exploitation.

Underpinning the Work of the APC

Continuous Improvement

- *Policies, Procedures and Protocols*
- *Self-Evaluation in Improving Services*
- *Promoting Good Practice*
- *Learning and Development*

Strategic Planning

- *Communication, Collaboration and Co-operation*
- *Making and Maintaining Links with Other Planning*
- *Identifying Gaps*

Public Information and Communication

- *Raising Public Awareness*
- *Involving Adults at Risk and Their Families*

Monitoring, Evaluation, Outcomes and Impact

The Adult Protection Inter-Agency Co-ordinator will be responsible for co-ordinating the plan on behalf of the APC.

Appendix 4

APC Improvement Plan 2015-16

Outcome	Actions/Tasks	Strategic Person Responsible	Timescales	Monitoring and Evaluation
1 Robust performance management information and statistical reports inform the CPC and are used effectively to secure continuous improvement in protection of adults at risk and their families.	<p>Develop and implement a robust and systematic performance management information and statistical reporting framework on key Adult Protection practices, processes, patterns and trends.</p> <p>Develop and implement robust qualitative measures in relation to the impact on adults at risk and their families.</p>	<p>Paul Davidson, ECS Corporate Research & Information Manager</p> <p>Chair APC Sub-Committee</p>	Ongoing annual activity	<p>New statistics reporting form developed - to be tabled at March APC meeting.</p> <p>Audits include opportunities for adults at risk and carers.</p> <p>Surveys for protecting people developed.</p> <p>Client outcomes documented on ASP inquiry/investigation and APCC forms.</p>
2 Increase awareness of financial harm across all organisations in Perth and Kinross.	<p>Organising and hosting financial harm seminars for specific public sector organisations:</p> <ul style="list-style-type: none"> • <i>Financial institutions</i> • <i>Solicitors</i> • <i>Private/Voluntary sector</i> <p>Leading to a larger event in October 2016.</p>	<p>APC Convener</p> <p>APC Inter-Agency Co-ordinator</p>	<p>November 2015 January 2016</p> <p>October 2016</p>	<p>Events well attended and feedback positive.</p> <p>Conclude 'Pledge'</p>
3 Increase awareness of Adult Protection issues in conjunction with the national media campaign.	<p>Promote and support the national campaign by implementing local strategies.</p> <p>Action locally will include:</p> <ul style="list-style-type: none"> • <i>posters on back of local buses for 4 weeks from 8 February until 8 March 2016;</i> 			

Appendix 4

Outcome	Actions/Tasks	Strategic Person Responsible	Timescales	Monitoring and Evaluation
3 (continued)	<ul style="list-style-type: none"> posters distributed to all agencies - NHS, Housing, Police, GP surgeries; information to be distributed through social media - twitter, facebook; pop-up sign for all Council employees; information on PKC eric page; press releases; plasma screens through Council offices, school campuses and libraries. 	APC Inter-Agency Co-ordinator Communications Team Design Team	January and February 2016 National and local campaign will run from 8 February for 4 weeks New campaign Spring 2017	Stagecoach to report back on coverage across Perth and Kinross. Scottish Government to obtain referral figures to ascertain if any increase during or after national campaign.
4 Improved joint working to support Care Homes in dealing with resident with challenging behaviour who present a risk to themselves and others.	Development, implementation and distribution of a protocol for people with challenging behaviour. Evaluate and review protocol. Monitor reduction in 'referrals'.	APC Inter-Agency Co-ordinator Care Home Liaison Team, MRH Care Home Managers	December 2014 March 2016 Continuing joint working with the Independent Sector	Challenging behaviour protocol implemented. Needs to be reviewed.
5 Early and effective screening of all Police Scotland concern reports.	Review current process in line with new locality working arrangements in health and social care integration.	APC Inter-Agency Co-ordinator Members of screening group	March 2017	
6 The quality of services is continually improved by an outcome-focused quality assurance framework which evidence outcomes for adults at risk and their families.	Develop a joint framework for quality assurance to include a comprehensive set of standards, systems and processes to check on the quality of work done.	Quality Assurance group APC Inter-Agency Co-ordinator	December 2016	Community Care framework being developed that includes Adult Protection.

Appendix 4

Outcome	Actions/Tasks	Strategic Person Responsible	Timescales	Monitoring and Evaluation
7 Consistent approach to joint self-evaluation of services to protect adults at risk that is focused on outcomes and reflects the National Community Care outcomes for the Integrated Joint Board.	Implement a planned and co-ordinated cycle of single and multi-agency self-evaluations.	APC Inter-Agency Co-ordinator Chair APC Sub- Committee	March 2017	
8 Increase awareness of harmful practices that can impact on adults at risk. Develop and encourage protective support in Learning Disability, mental health services, and in areas where experience is developing. Consider Hidden Harm Report and recommendations as a key theme for activity in 2017.	Raise and increase practitioner, service and agency awareness and understanding of: <ul style="list-style-type: none"> • <i>Commercial Sexual Exploitation</i> • <i>Female Genital Mutilation</i> • <i>Honour-Based Violence</i> • <i>Forced Marriage</i> • <i>Human Trafficking</i> 	APC Inter-Agency Co-ordinator CPC Learning & Development Officer Violence Against Women Partnership Co-ordinator	September 2017	Roshni models now available to staff. All Team Leaders informed to pass onto staff.
9 Increase awareness of the Children & Young Persons Act which will be implemented in August 2016 and assess impact on Community Care and Adult Protection services.	Work jointly with Children's Services to develop policies that will meet the needs of the new legislation by establishing clear practice and protocol.	Chair CPC Operational Sub-Group APC Inter-Agency Co-ordinator	September 2016	

Appendix 4

Outcome	Actions/Tasks	Strategic Person Responsible	Timescales	Monitoring and Evaluation
10 Basic awareness, understanding and knowledge by the general public of how to recognise and report concerns.	Establish a Public Information, Communication, Participation and Engagement Group with a clear focus on raising public awareness. Develop communication plan.	CPC Inter-Agency Co-ordinator APC Inter-Agency Co-ordinator	Ongoing process of publicity on ASP, and to consider Power of Attorney and Adults with Incapacity support	Protecting People Survey for public completed in December 2015. Individual questionnaires. Throughout 2016/17.
11 To develop strategy with the Black and Ethnic Community, and other groups where reach has been poor; consider Hate Crime interface.		CPC Inter-Agency Co-ordinator APC Inter-Agency Coordinator	September 2017	Committee with major stakeholders.
12 Review Independent Advocacy needs and work to ensure coverage.		CPC Inter-Agency Co-ordinator APC Inter-Agency Co-ordinator Committee	March 2017	
13 With others, consider implications for Adult Protection of wilful neglect and ill treatment.			September 2017	



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