



# Perth and Kinross Adult Protection Committee

## Annual Report 2018 – 2019



## Contents

### Foreword

1. Introduction by the Chair of the Adult Protection Committee.....	3
2. Executive Summary .....	4
3. Context.....	5
4. Management Information and Performance Outcomes .....	9
5. How well do we meet the needs of our stakeholders .....	13
- Impact on Adult at risk and their families .....	14
- Impact on staff .....	19
- Impact on Community.....	21
6. How good is the delivery of services for adults at risk, their families and our operational management?.....	22
7. How good is our leadership?.....	24
- Annual development day 2018 .....	24
8. What is our capacity for improvement? .....	26
Appendix 1 .....	27
Appendix 2 .....	27
Appendix 3 .....	27

## 1. Introduction by the Chair of the Adult Protection Committee

I am pleased to present this Annual Report on the work of the Adult Protection Committee in Perth and Kinross from April 2018 – March 2019, and is in addition to the Biennial Report which is a legal requirement to produce for the Scottish Government and will be due again in 2020.

In last year's Biennial Report it was identified that adult protection cannot be delivered in isolation and therefore a priority this year has been to strengthen collaborative work across different relevant partnerships, locally, regionally and nationally. For example, Adult Protection and Child Protection Committees have continued to strengthen their connections, working together on a whole family approach unless there is a particular reason to work separately, culminating in the planning of a Joint Development Day in May 2019, and this is an important part of the move in Perth and Kinross towards a coherent public protection strategy. In the last year, also, there has been a strengthening of the adult protection links across Tayside, not only sharing the learning of Dundee's experience as part of a pilot thematic Inspection across six authorities in Scotland in 2017, but also developing joint approaches to operational guidance, a learning and development framework, a common data set, and systems to learn from reviews of significant events. In addition to work across Tayside in the last year the Committee has been forging closer links with North Ayrshire as another authority involved in the Inspection and a very useful visit to North Ayrshire took place by a number of the APC and ongoing work is continuing. Finally, in relation to greater collaborative working I am pleased to report that in the last year the Scottish Government has initiated a National Improvement Programme for Adult Protection providing a renewed and invigorated focus on protecting vulnerable adults in Scotland. This programme includes a number of themes which Perth and Kinross supports and in turn will benefit from, and will include a national Inspection programme for Adult Protection.

Another priority for the APC this year has been the audit, review and improvement work on key processes which are critical in ensuring the protection of vulnerable adults including referral, risk assessment and care planning of those who may be at risk in whatever circumstances in Perth and Kinross. A programme of self evaluation has been established to more systematically assess the areas of strength and the areas requiring improvement across the adult protection system and to drive that improvement across the partnership.

Also identified last year as a focus for improvement has been the greater involvement of users and carers in the delivery of services for them and in the future planning and design of services. Whilst there has been a greater awareness and use of advocacy services in the support plans for users and carers, challenges remain in how the views of those adults who need support and protection can be articulated and contribute meaningfully to the planning of services that best meet their needs. Although progress has been made to establish useful contact and communication with existing groups representing the wide variety of vulnerable adults the pace is slow and this will remain a high priority for the coming year.

I hope this Report highlights the progress that has been made over the last year but not only identifies the areas for improvement but also how these will be addressed over the coming year.

**Bill Atkinson**

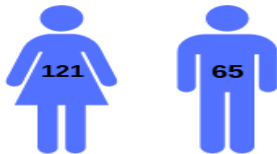
**Independent Chair of Perth and Kinross Adult Protection Committee (APC)**

**Date: 27 August 2019**

## ASP SUMMARY 2018 - 19

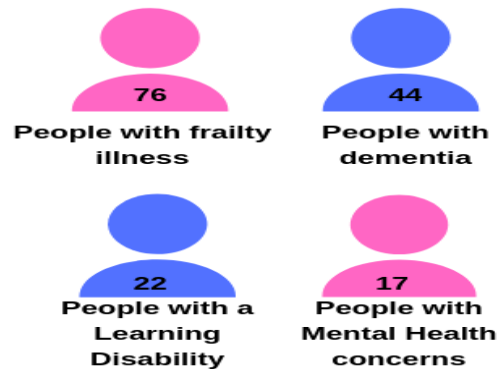


**What we found...**  
**1146 total referrals**  
**186 Adult Support and Protection Cases**



- **31% Financial Harm**
- **27% Physical**
- **20% Neglect**

**Who is receiving Support?**



**Where does harm happen?**



**Other Information....**

- No Protection Orders
- 20 Case Conferences

**Training**

153 people have been trained face to face

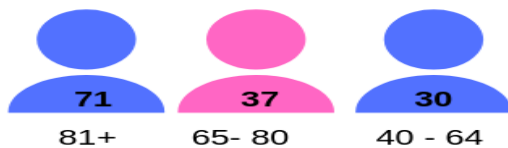


8411 E-learning health staff Tayside



872 E-Learning for other staff in Perth and Kinross

**What age group is most at risk?**



**What was the impact on adults at risk?**

- 83% felt safer
- 4% led to criminal proceedings
- 30 people have been supported by Independent Advocacy

**What we did in 18/19**

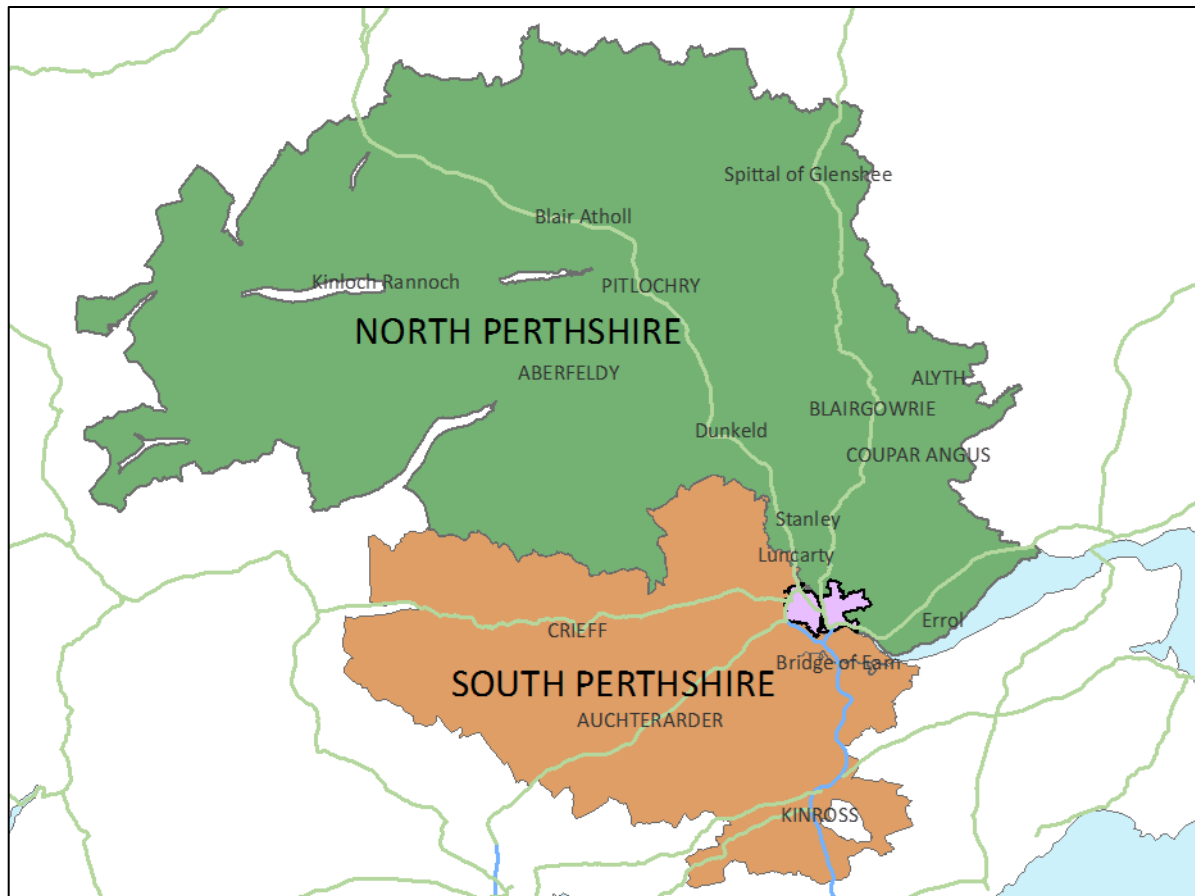
- Made progress with the improvement plan
- Increased referrals from health
- Established contact with inter faith leaders
- Implemented better arrangements for protecting residents in care settings

**What are our priorities?**

- Increased engagement with adults, families and carers especially with college students, learning disability groups and faith leaders
- Better connections with other protection services
- Improving practice and service improvement by better use of data

### 3. Context

#### 3.1 Perth and Kinross



Perth and Kinross covers an area of 5,286 square kilometers and is the fifth largest area by land mass in Scotland. It is the 6<sup>th</sup> fastest growing population in Scotland and adults account for 81% of residents. The past decade has seen an increase in the number of people in the older age group (65+) who are resident in Perth & Kinross which is currently 18.1% of the population compared with a national average of 10.6%.

The older age profile is reflected in that the average age of the population in Perth and Kinross is 43 years, slightly higher than the national average age of 40 years.

Perth & Kinross has a population of 151,100 as of 2017. This is made up of 74,187 Males and 76,913 Females.

- There are 24,453 children (aged 15 and under), or 16.2% of the total population.
- There are 91,132 people of working age (aged 16-64), or 61.0% of total the population.
- There are 34,515 older people (aged 65 and over), or 22.8% of the total population.

The geographical distribution of the population across urban, rural and remote areas poses challenges for the planning and delivery of services.

In Perth and Kinross, there are five community planning partnerships:

- Perth City
- Kinrossshire, Almond & Earn
- Strathearn
- Highland and Strathay
- Strathmore

These localities each have a local action partnership made up of elected members, communities, and public services.

Through the local action partnerships, the community planning partnership identifies their particular needs and challenges. Perth & Kinross council has 40 councillors in 12 electoral wards.

NHS Tayside is responsible for commissioning health care services for residents across Tayside and had a combined population of 416,090 based on mid-year 2017 population estimates published by National Records of Scotland. NHS Tayside's Governance includes three major hospitals; a number of community hospitals and also includes over 60 GP surgeries and a variety of health centres staffed by thousands of employees.

The Tayside Division of Police Scotland command area Angus, Dundee and Perth & Kinross.

### **3.2 Vision**

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

### **3.3 Purpose**

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

### **3.4 National Context**

Adult Support and Protection in Perth & Kinross is set within the wider policy in Scotland and the National Policy Forum.

<https://www2.gov.scot/Topics/Health/Support-Social-Care/Adult-Support-Protection>

## **The National Strategic Forum**

The National Forum provides a strategic and cross sectoral view of what is needed to improve the delivery of adult support and protection across Scotland. The Forum will assist Scottish Government and delivery partners in identifying the workstreams required to improve the assurance and operation of adult support and protection and its interface with existing and developing legislative and policy areas.

The Scottish Government also supports the role of the National Adult Protection Coordinator – this role involves making connections to build stronger local networks and to improve the co-ordination, development and dissemination of best practice, as well as promoting joint working between Adult Protection Committees

## **The National Improvement Plan has identified 6 main areas**

- Assurance and Inspection
- Governance and Leadership
- Data and outcomes
- Policy
- Practice Improvement
- Prevention

### **3.5 Tayside collaboration of Independent chairs and Lead officer**

The Independent Chairs, Lead Officers, Police Scotland and NHS Tayside meet regularly in Tayside to coordinate work that provides consistency for regional partners and identifies common areas of ASP work.

Work ongoing includes

- Updating of Tayside Multi-agency Operational Guidance which includes joint policies in relation to chronologies and information sharing
- A short life working party led by NHS ASP lead and Police Scotland was convened to look at the overlap of processes in relation to adverse incidents and a paper is being presented to all three Chief Officer Groups.
- Learning and Development Framework has been agreed and new courses have been developed that can be accessed by all staff across Tayside.
- Work has commenced on developing a Tayside reporting template for ASP activities which will allow for benchmarking.

### **3.6 Local Context**

The safeguarding, supporting and promoting the welfare of adults at risk is a shared multi-agency responsibility across the public, private and third sectors.

## **Adult Protection Committee (APC)**

The Adult Protection Committee (APC) is a multi-agency group that meets quarterly. The Committee is chaired by an Independent Convenor and has a range of statutory, private and voluntary organisations, carer and other relevant people which oversee Adult Support and Protection (ASP) processes in Perth and Kinross. Representation on the APC has been widened to represent a more diverse range of agencies.

The agenda consists of standing items and encourages partner agencies to submit papers that pertain to ASP performance and issues. At each meeting there is a presentation on either specific areas of interest such as latest research or case studies given by social workers and other staff who are involved in particular cases. The APC find the case studies particularly helpful in raising complex issues and discussing effective management on a multi-agency basis.

There is one combined sub-Committees that meet quarterly and report back to each APC and are allocated any work identified. An improvement plan is updated following each APC with allocated actions and timescales.

The APC is supported by the ASP co-ordinator.

Governance – The APC is accountable to the Executive Officer Group, the Integration Joint Board and the Community Planning Partnership and needs to reflect national outcomes and standards.

The Adult Protection Committee is responsible for the ongoing improvement of work related to adult support and protection and monitoring of the improvement plan to ensure that actions are being progressed.



## 4. Management Information and Performance Outcomes

**Evaluation: We are committed to the improvement of multi-agency data that will identify areas for improvement to inform practice**

This section covers the main findings from multi-agency management information and performance outcome framework. (Appendix 1)

### Interpretation and trends

#### 4.1 Adult Support and Protection (ASP) Activity

In the last year we received a total of 1,446 referrals that comprised of 1155 Vulnerable Person Report (VPR) and 291 Adult Protection (AP) concerns. There had been a continuing reduction in the number of VPR over the past few years but this is now rising again. 186 cases progressed to ASP processes.

	2014-15	2015-16	2016-17	2017-18	2018-19
<b>VPR</b>	1523	803	651	838	1155
<b>AP concerns</b>	536	424	553	421	291
<b>Total</b>	2068	1227	1204	1259	1446

### Age

Older people, especially those over the age of 81, account for 38% (71) of all ASP cases and are disproportionately represented in relation to other age groups. The other most prevalent age groups are 31% (57) in 65-80 age range and 16% (30) aged 40-64. People over the age of 65 account for 69% of all cases.

In Perth & Kinross we have 37 Care Homes for older people. In 2018-19, care homes were the location for 37% of ASP investigations.

Perth and Kinross is a desirable place to live and has a comparatively higher number of care homes per person than any other local authority in Scotland other than the Shetland Islands and Na h-Eileanan Siar both of which have a significantly lower population than Perth and Kinross. The underlying chart compares numbers of care homes across Tayside.

Care Home Numbers Across Scotland					
LocalAuthority	Numbers of Care Homes	Year	Population	19% of pop over 65 years of age	People per Care Home
Perth & Kinross	40	2017	151,100	28,709	718
Dundee City	27	2017	148,270	28,171	1043
Angus	29	2017	116,280	22,093	762

### **Females slightly more likely to be at risk**

Females account for 64% (119) of ASP cases.

### **Ethnicity**

The majority of people 87% (162) are of a white UK / Scottish background compared with 92% last report.

### **Client Group**

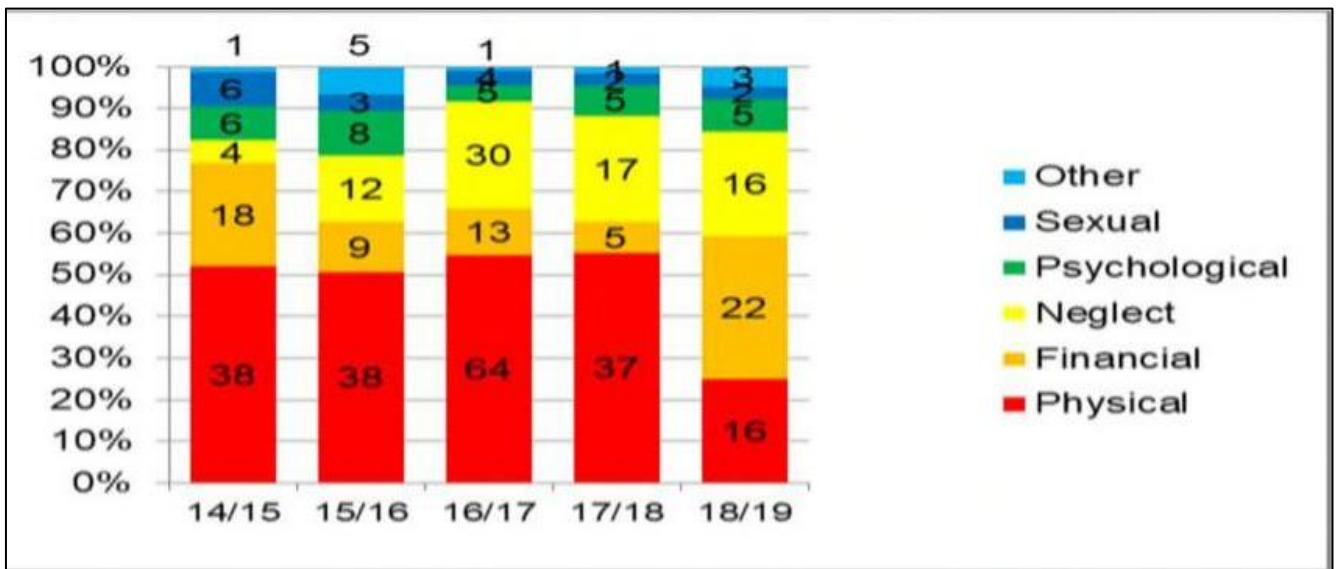
Dementia and frailty are the most prevalent conditions. The proportion of Investigations where the client group was Learning Disabilities decreased to 8% compared to 22% in the previous year. The national average is 15%.

The overall number of ASP referrals for people with a learning disability accounts for 12% of all cases. A high proportion of referrals come from a care setting. Reporting systems were refined in March 2018 to ensure a more appropriate and proportional response.

	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>
Public Protection	<b>0%</b>	<b>1%</b>	<b>0%</b>	<b>0%</b>
Dementia	<b>39%</b>	<b>36%</b>	<b>25%</b>	<b>33%</b>
Education & Children's Services	<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>0%</b>
Frailty or Illness	<b>13%</b>	<b>18%</b>	<b>28%</b>	<b>23%</b>
Learning Disabilities	<b>18%</b>	<b>27%</b>	<b>29%</b>	<b>8%</b>
Mental Health	<b>4%</b>	<b>0%</b>	<b>4%</b>	<b>6%</b>
Not Recorded	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>3%</b>
Other	<b>11%</b>	<b>1%</b>	<b>4%</b>	<b>8%</b>
Physical Disabilities Including Frailty Due to Old Age	<b>13%</b>	<b>18%</b>	<b>9%</b>	<b>16%</b>
Substance Misuse	<b>1%</b>	<b>0%</b>	<b>0%</b>	<b>3%</b>

## Types of harm

### Proportion of investigations by nature of harm

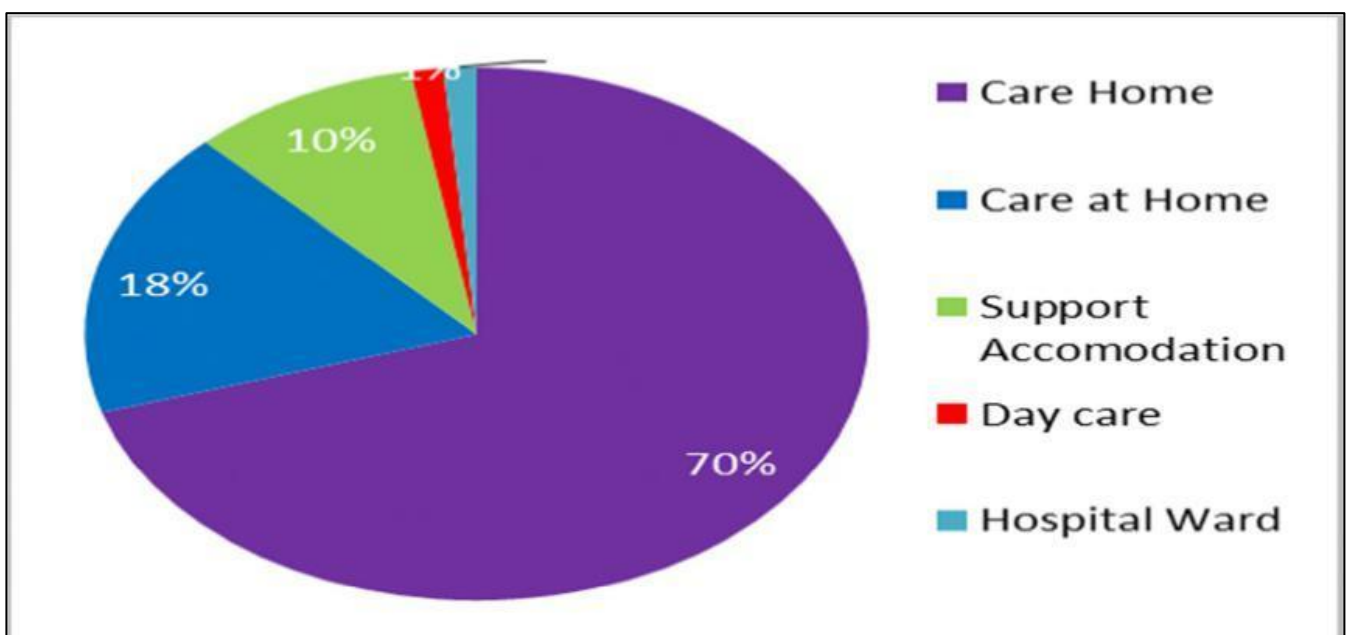


In 2018/19, the total number of Adult Protection Investigations (64 investigations) has fallen from the previous year (68 investigations)

The number of investigations relating to financial harm in 2018/19 (22 investigations) has risen from 2017/18 (5 investigations).

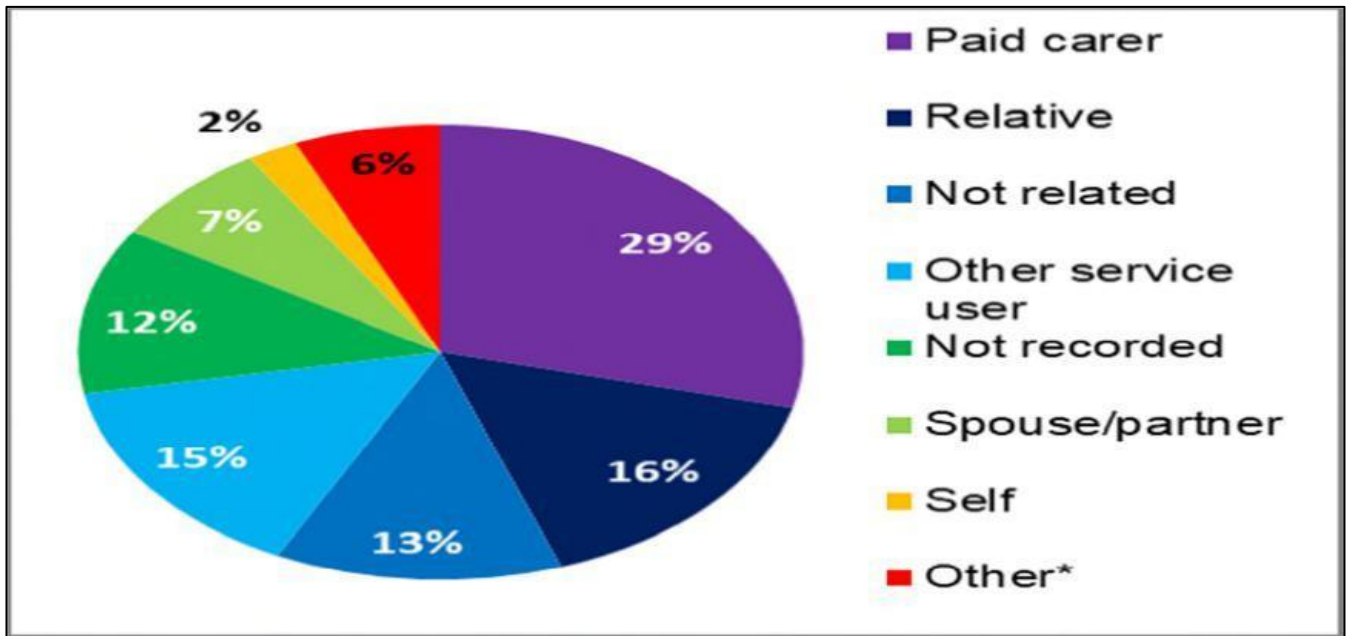
The introduction of the Banking Protocol in March 2018 may have had an impact on the number of financial concerns being reported. The Banking Protocol is an initiative between the police, banking institutions & Trading Standards. Its aim is at the earliest opportunity to identify vulnerable victims who are in the process of being defrauded of funds from their bank accounts.

### Location of harm – 2014-2019



Over the 5 year period, the majority of ASP investigations took place in care homes. This has been reducing and in 2018/19, 31% of cases were in care homes compared to 59% at the home address.

### Who harms – 2014-2019



Over the last 5 years, a quarter of alleged perpetrators were paid carers/workers. In the 2018/19 this was 23%.

There has been ongoing work in relation to paid carers in both the Care Home and Care at home sectors.

- The Commissioning Team is working well with service providers to identify areas of good practice and support improvement.
- Documentation has been refreshed and updated to provide clearer guidance.
  - All service providers will receive an annual visit or more if required
  - Frequency of visits based on a risk matrix
  - Electronic links for support and guidance e.g regulatory bodies, national policies
- There will be a focus on training including on what providers are doing for staff retention as this is an issue within the sector to ensure appropriately skilled staff.
- Contracts Officers will speak to service users when they are visiting to obtain their views

A new process was introduced in July 2018 when there is suspected financial harm by paid carers which will be monitored and reviewed to ensure it is working effectively.

Relatives were the second most common alleged perpetrator over the 5 years but the highest in 2018/19 at 38%.

## 4.2 Large Scale Investigations (LSI)

	Total	Care Homes	Care at Home	Supported Acc	Daycare
2014/15	22	18	1	3	0
2015/16	18	12	4	1	1
2016/17	18	12	3	3	0
2017/18	12	8	4	0	0
2018/19	4	2	1	1 hospital	0

Over the five year period there were 70 Large Scale Investigations (LSI), 22 in 2014/15 and 18 in 2015/16, 18 in 2016/17, 12 in 2017/18 and 4 in 2018/19.

During this time we have worked closely with partner agencies which included:

- regular audits,
- nominated mental health staff for each care setting to help re-assess people who behavior is causing concern.
- Introduced a new reporting system with clearly defined thresholds
- early identification of areas of concerns and early input and support from the Care Inspectorate and Commissioning team to negate the need for Large Scale Investigations.

## 4.3 Protection orders

There have been no protection orders in 2018-19. There were 2 Case Conferences that have discussed if a protection order should be considered. Protection orders are only to be used if no other action could be taken that would result in the same outcome. In both cases other actions were taken under the Adults with Incapacity Act that safeguarded the adult at risk.

## 5. How well do we meet the needs of our stakeholders

This section describes the impact on adults at risk, their families, staff and the wider community.

## 5.1 Impact on Adult at risk and their families

**Evaluation: We are confident that we listen to, understand and respect the rights of adults at risk and their families and that we are helping them to keep themselves safe.**

- Independent advocacy is an important consideration in ASP cases to ensure that the client views is represented. The support adults receive is well evaluated and audits evidence that independent advocacy is offered to the majority of adults at risk. In 2018-19, there was 31 people supported which consisted of 1 open case from the previous year and 30 new referrals. This is a substantial increase from 12 in 2017/18 which was low but similar to 16/17 figures. In relation to Adult Protection Case Conferences, independent advocates attended 100% of APCC they were invited to. Independent Advocacy manager is an active member of the Adult Protection Committee (APC), teams receive regular updates on use of advocacy and there is an advocate that co presents on ASP courses.
- Feedback from service users and carers.

There are different ways in which the APC gains feedback from service users and Carers:

- Questionnaires are completed at Adult Protection Case Conferences (APCC). Of the results recorded for initial APCC, 83% of people felt safer.
- Participation in audits to give their views
- The committee has a carer representative
- Analysis of outcomes on all ASP forms. In order to capture impact of intervention for those cases which did not proceed to APCC, an outcome question was developed to be completed at end of the ASP case. The staff member completes the form with the input of client to check if the intervention has been helpful.

Service user and carer's views are at the centre of the work we do and it remains a priority for the APC. The APC has taken a variety of steps to address this. However this can be complicated because of

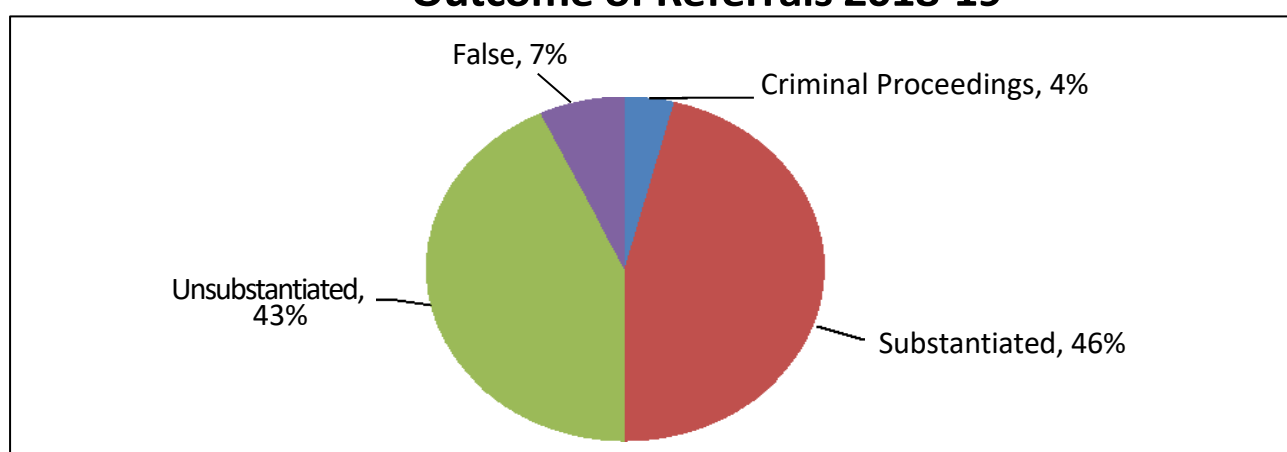
- Levels of understanding
- Communication issues
- Conflict within families

### Investigations - Has intervention has been helpful?

	2015/16	2016/17	2017/18	2018/19
<b>Lacks capacity</b>	55%	54%	48%	39%
<b>No</b>	0%	1%	0%	2%
<b>Not recorded</b>	12%	5%	0%	0%
<b>Yes</b>	33%	45%	52%	59%

Over the past 4 years we have seen an increase from 33% to 59% of adults who have found the intervention to be helpful. Only 2% found it was not helpful while a further 39% lacked the capacity to be able to give information.

### Outcome of Referrals 2018-19



In relation to outcomes of referrals and actions taken there are low numbers that progress to criminal charged or investigations. There are almost half of referrals where the allegation cannot be substantiated which can limit the effectiveness of actions taken although safeguards and supports (e.g. independent advocacy) can be put in place. Allegations not substantiated are usually because of lack of evidence or reliability of information coming from the adult.

Of those cases that were substantiated actions taken were:

- 49% resulted in changes to the care plan
- 15% extra carer support was provided
- 13% resulted in new procedures being implemented
- In relation to staff issues, 2% were dismissed, 6% were disciplined and 10% received additional training
- Legal powers were either removed or applied for in 3% of cases

In the unsubstantiated cases the issues related to:

- Financial concerns in 41% of cases
- Neglect in 10%

- Care concerns in 32%
- Paid carer harm in 4%
- In 13% of cases the client had no capacity to recall the event

In relation to criminal proceedings 7 cases were investigated and the outcomes are:

Reported to the Procurator Fiscal	4
Not reported to the Procurator Fiscal	1
Ongoing investigation	3

## 5.2 Adult Protection Case Conferences

There was a **total of 24 Adult Protection Case Conferences**, 10 initial, 10 review, 2 network meeting and 2 Large Scale Investigation meetings

A protection plan is developed following all case conferences that is monitored by the adult social work team. The outcomes have included:

- Legal powers removed/changed or new application submitted
- Change of accommodation for adult at risk
- Changes to financial management
- Provision or increase of care packages
- Changes to care plans
- Re assessment of adult at risk including capacity assessment
- Staff training in specific areas such as restraint techniques

Attendance at Case Conferences varied according to reason and location of residence and type of harm.

Person/Agency	No invited	%	Nos attended
Adult at risk	4	40%	2
Families / One Power of Attorney	9	90%	8
Carers	5	50%	4
Friend / Power of Attorney	1	10%	1
Police	7	70%	6
Health	8	80%	7
Independent Advocate	6	60%	6
Legal	8	80%	7
Mental Health Officer	7	70%	6

Others who attended included manager of organisations, Housing, Staff from other local authorities (funding authority), Care Inspectorate, Children's Services, Mental



Health Services – voluntary agency, Contracts and Commissioning team and alleged perpetrators.

In relation to the adult at risk

- Females accounted for 60% of cases (6/10),
- Financial and neglect accounted for 60% of harm (30% each)
- The majority of harm occurred at the home address (60%)
- The most prevalent client group were people with dementia (40%)
- 60% were in the 81+ age group followed by 30% in the 40-64 age
- 80% of alleged perpetrators were family members and 20% were paid carers
- 63% of adults at risk had some impairment of capacity

### 5.3 Qualitative audits

The APC continues to conduct 2 audits per year as a way of quality assurance and identifying strengths and areas for improvements

- a) ***Multi-agency case file & Large Scale Investigation audit*** was combined for the first time and consisted of 6 individual cases and 3 large Scale Investigations and focused on risk assessment and management, decision making, effective inter-agency working and information sharing.

The audit was held on January 30 2019

Out of the 6 individual cases, 4 cases involved family members as the alleged perpetrators, 1 was self-harm and 1 involved a friend/partner.

In relation to individual cases, all areas rated over 67% with 9 out of the 15 areas scoring 100% which included initial response, risk assessment and management, human rights, information sharing and involvement of adult and family.

Some individual issues were raised in specific cases which was reported back to case holders and managers

The Large Scale Investigations (LSI) were all for Care at Home organisations Most areas were rated highly at 100% in areas of strategic discussions, involvement of appropriate agencies including manager of organisation and adherence to process.

The issues raised were

- a) Neglect/lack of care/hygiene issues
- b) Missed visits/key safes
- c) Staff training and induction, moving and handling

- d) Staff shortages/lack of experience & knowledge
- e) Poor communication/record keeping/support plans/incident reporting

Improvement plans were developed following LSI and were monitored and reviewed by the social work team, Care Inspectorate and the Commissioning team.

- b) ***Vulnerable person reports(VPR) /adult protection concerns (AP)*** audit covered 32 cases consisting of 16 VPR and 16 AP concerns. All of the AP concerns progressed to ASP Inquiry compared to 80% last year. None of the VPD progressed to ASP processes.

The results evidenced that the screening process appears to be working well and within timescales. A number of referrals (50%) were open cases compared to 60% last year. In general most areas were well evaluated above 70% with 1 exception.

- Chronologies had been completed in 87% of cases but only 25% were of an acceptable standard.

The action recommended was for chronology training for all staff which was delivered in September and October in 2018 and more is planned for 2019.

### **NHS Tayside Audit**

With the appointment of a dedicated Lead for Adult Protection within NHS Tayside and the introduction of an Adult Concern Referral Form and inclusion within Datix, a single agency audit was identified as good practice as well as providing a baseline by which future performance can be measured.

The audit took place on 30<sup>th</sup> August 2018 in Ninewells Hospital, Dundee which aimed to facilitate access to both paper based and electronic files.

The audit team consisted of 3 multi-agency staff (2 NHS Tayside staff and 1 Adult Protection Lead Officer from Perth and Kinross Council).

There were 9 cases identified and 8 cases audited that covered referrals across all 3 local authority areas and cases were identified at random via the NHS Tayside Datix system between the period March 2018-August 2018.

The audit focused on key areas such as how recording was completed, involvement of others and communication. As this was the first audit of adult protection within NHS Tayside, it was also an opportunity to test the audit tool which had been developed and identify any amendments to this.

A number of key issues such as chronologies, lack of communication, record keeping and were highlighted during the audit which has formed the basis for an improvement plan.

### **Other areas of work**

- The Independent Chair and ASP Coordinator attended a meeting with learning disability “Keys to Life” group to ascertain if current services and supports are

effective in safeguarding adults and if there are any gaps. It was suggested we formulate 2-4 questions that could be raised at meeting with adults and their families and carers to gain their views. Questions were agreed and an easy to read version of the questionnaires was disseminated to the group.

- During the 16 days of action for Violence against Women in November 2018, an issue was raised in relation to expectations and attitudes within community and faith groups in relation to protection issues and respect within families. This led to PKAVS convening meetings with community and faith groups and the wider public protection groups to work jointly and communicate a shared vision. This work is ongoing.
- The APC has a wide membership including a representative from University of the Highlands and Islands (Perth College campus). The campus has students with range of physical and learning disabilities including eye, hearing and speech impairments, mental health issues, learning difficulties and disabilities and physical and mobility issues. It has been agree to explore this in more detail with support staff at the college.

#### 5.4 Impact on staff

**Evaluation: We are confident that we are developing a competent, confident and skillful workforce. Our staff are highly motivated and committed to their own continuous professional development. We are empowering and supporting our staff with a wide range of evidenced-based multi-agency learning and development opportunities, which are evaluated highly and having a positive impact on practice. The content of these learning and development opportunities take account of changing legislative, policy and practice developments and local challenges.**

#### Staff learning and development

Perth and Kinross continue to deliver awareness and specialist training to all partner agencies to ensure staff can recognise and respond to any identified or suspected harm. This can be online training accessible to all people in Perth and Kinross or face to face training. The online training is an introductory training course in raising awareness for all staff regardless of where they work to recognise and respond to harm.

In relation to on line training offered:

- a) NHS E-learning module - 8411 members of staff have completed the module across Tayside which is a significant increase from the previous years.

2012/13	1600
2013/14	3751

2014/15	4964
2015/16	5473
2016/17	5607
2017/18	5521
2018/19	8411 (out of 14, 871 registered users = 56%)

- a) E-learning module hosted by the local Authority - 872 council staff members have completed the module.
- b) This e-learning module is also available on the PKC webpage for all partner agencies. While we are unable to monitor who has completed the course, the e-learning page has been accessed 440 times in the last year.

Face to face training consists of awareness training for all staff and specialist training for those staff involved in ASP cases.

ASP awareness	65
Chronology training	56
Enhanced practitioner	6
APCC	13
Investigative interviewing	13
3 Act training	38

### **Evaluation of courses**

All courses were positively evaluated with over 95% rated good or excellent. There were many comments relating to opportunities to participate in multi-agency discussions and the value of using case studies to consolidate learning and the application of learning to practice. Participants valued group discussions and sharing of case examples which allowed them to reflect on their own practice.

We have introduced open badges which are digital certificates recognising learning and achievement. By completing open badges staff recognise and evidence their learning, skills, attributes and experience. It was introduced in September 2018 and achievements to date are:

Level	Evidence required	Number
Bronze	Attended and participated in ASP awareness course	17
Silver	Written a 200 word essay on how it may be implemented in their work	9

Gold	Written a 200 word essay on how staff have implemented ASP in practice on cases they are currently working with.	3
------	--	---

## **Trauma Informed Practice**

Last year, following a Joint Conference (192 multi-agency delegates) in March 2018, we reported upon our ongoing partnership work with RASAC P&K to develop a trauma informed workforce across P&K.

Throughout 2018 – 2019 this work has continued and we have:

- published and disseminated [P&K Trauma Informed Practice Guidance](#) for practitioners working with children, young people and adult survivors of CSA / CSE;
- held two multi-agency Trauma Informed Managers Briefings; two multi-agency Trauma Informed Practice Training Sessions and two multi-agency Trauma Informed Practice Resourcing Workshops.

In total, 85 multi-agency delegates have attended these partnership training events, which they evaluated very highly. Further partnership work is planned to significantly increase these training opportunities in an attempt to establish a critical mass of trauma informed and aware practitioners across P&K.

## **Harmful Practices**

A workshop was organised on Human Trafficking for staff in Tayside that was delivered by Hope for Justice on 18 March 2019 to raise awareness and inform practice and policies. The policy was updated following this event.

## **Impact on Community**

### **Evaluation:**

We have developed the APC webpage which provides public information that is accurate and relevant. We are working with Community groups to address issues identified as areas that could impact on our ability to safeguard people

## **Public awareness**

In recent years we have tried to raise awareness in a variety of different ways and different formats e.g. Facebook, Twitter. It has been difficult to gauge impact of these initiatives as they do not necessarily generate referrals but tend to focus on raising awareness more generally.

<b>APC website usage</b>			
<b>Page title</b>	<b>No of Unique Users 2016/17</b>	<b>No of Unique Users 2017/18</b>	<b>No of Unique Users 2018/19</b>
ASP information page	1476	1617	1367
ASP learning zone	1026	744	440
ASP resource library	106	124	158
Adult Protection Committee	190	124	99
<b>Totals</b>	<b>2798</b>	<b>2609</b>	<b>2115</b>

## 6. How good is the delivery of services for adults at risk, their families and our operational management?

**Evaluation: We are confident that our adult protection services are robust, effective and focused on vulnerability, risk and need**

This section highlights how we are delivering our services to support adults at risk. In relation to the response to concerns raised performance indicators show:

- 96.54% of referrals are screened within 24 hours.
- 80% of ASP inquiries and investigations are completed within timescales
- 70% ( 7/10) of initial Adult Protection Case Conferences and 100% (10/10) of review APCC were held within timescales

There has been significant ground-work already undertaken with regard to adult support and protection within NHS Tayside however there is also recognition of the ongoing need to ensure the further development, oversight and implementation of effective adult support and protection arrangements across the organisation.

Current ongoing work includes:

- Updating of the Tayside multi-agency operational guidance
- Developing a minimal learning standards framework
- Developing a performance framework that allows benchmarking across Tayside and identifies areas of improvements.

### **NHS Tayside**

The appointment of an Interim Lead for Adult Protection in June 2017 has made a positive difference on developing a public protection approach within NHS Tayside and the links with our key partners to continue to establish a safeguarding culture

across NHS Tayside which supports all staff to be alert and responsive to the potential risks of harm for our patients.

- The role has seen an increase in both referrals and engagement across NHS services.
- This role provides strategic, professional and clinical leadership across the organisation working in collaboration with locality lead's on all aspects of NHS Tayside's contribution to protecting adults.
- Increase in completion of Learnpro as well as providing a regular programme of face to face briefing sessions along with advice and consultation role.
- Adult Protection discussed at NHST Tayside Board meeting in December with request for follow up paper to facilitate discussion around developing the NHST approach to strengthening its response to Adult Protection.
- First NHST single agency ASP audit undertaken
- This role ensures adverse incident reporting in adult protection at all levels and in all areas across NHS Tayside and works with service leads to ensure appropriate action plans are developed to reduce reoccurrence and inform learning and best practice.
- NHS Tayside Lead for Adult protection identified to lead on MAPPA within NHS Tayside and support the role of the MAPPA Health Liaison Officer.
- Improvement plan has been developed.
- Review of NHS Tayside Missing Patient Policy
- Mrs Ash SCR Learning Opportunity was held on 25 January 2019
- Tayside wide discussions to review ICRs/SCRs and LAER/SCEA processes
- NHS AP Leads group set up across Scotland- the first meeting was held on 29 November 2018.
- Briefing sessions continue within NHS Tayside

## 7. How good is our leadership?

**Evaluation: We are committed to a collective approach to leadership, direction, support, scrutiny and joint partnership working is effective and robust. We want to achieve better outcomes for adults at risk and their families by continuous improvement through self-evaluation.**

### 7.1 Annual development day 2018

The APC holds an annual development day to take time out with the formal committee structure to examine current progress, challenges and planning priorities for the next year. This was held on 21 June 2018.

There was a presentation and comparison of national and local statistics that identified areas that required further explanation and action.

The workshops focused on 3 main areas

- What has been achieved in the previous 2 years?
- What are the current challenges in Perth & Kinross?
- What are the priorities for the next year?

The areas identified were incorporated into the APC Improvement plan

### 7.2 Learning from Significant Case Reviews (SCR)

As part of continuous improvement the APC receives reports on national SCR and any actions that can be taken locally from recommendations. As part of this ongoing process a workshop was held in Tayside on 25 January from Glasgow Council in relation to Mrs. Ash and the learning that resulted. Workshop held on the day identified local actions.

### 7.3 Learning from ASP Thematic Inspections

During 2017, the Care Inspectorate, Her Majesty's Inspectorate of Constabulary and Health Improvement Scotland inspected adult support and protection services in a number of partnership areas across Scotland. This was the first time any of the Scottish scrutiny bodies had scrutinised adult support and protection. The scrutiny focused on outcomes for adults at risk of harm, the partnership's actions to make sure adults at risk of harm are safe, protected, supported, involved, and consulted, as well as leadership for adult support and protection. The six adult protection partnerships inspected were selected to reflect the diverse geography and demography of Scotland.



After publication of the results and recommendations in July 2018, Tayside organised a visit to North Ayrshire on 12 December 2018 to discuss process, findings and ascertain the learning that could benefit our partnership. Some of areas identified were

- Number of Initial Case Review (ICR)/Significant Case Reviews (SCR)
- Conversion rate from ASP investigations to Case Conference
- Initial Referral Discussion (IRD) process

#### **7.4 APC Risk Workshop**

As part of ongoing evaluation an APC workshop was held on 26 November 2018 to develop a strategic risk register. The 4 areas that were scrutinised were:

- Adult receives a person centre response to concerns about their safety
- Adult receives an effective integrated response to address their needs for support and protection
- Adult Protection Committee provides effective leadership
- Adult Protection Committee works in partnership with service users and wider communities

Actions identified have been progressed and documented within the Improvement plan.

#### **7.5 Information for elected member and members of Integration Joint Board (IJB)**

On 30 November 2018 a session was held for members of the IJB on protecting people that allowed for sharing and exchange of information.

#### **7.6 GP engagement**

General practitioners are an essential partner in ASP as capacity remains a key issue. There was a meeting on 30 November with the GP forum to discuss referrals and ASP issues. It is recognized that we need to enable GP's to actively participate in ASP work given their key role but there are challenges in their workload, cover needed if they attend meetings and the time of notice needed. There is a GP representative on the APC who disseminates information through the GP information network.

## **Working in partnership**

Partner agencies in the private and third sector are an integral part of the safeguarding framework in Perth & Kinross.

There are representatives on the APC from

- Care homes for elderly
- Care Home for people with learning disability
- Care at home organisations
- Citizen Advice Bureau
- Independent Advocacy
- Perth & Kinross Voluntary Services (PKAVS)

The input and joint working with partner agencies have resulted in

- New electronic reporting system for reporting of incidents from care agencies to ensure consistency across all areas
- Focus on referrals to Independent Advocacy
- Ongoing engagement with minority ethnic and religious groups
- Reporting, follow up and information in relation to current SCAMS.
- ASP input into Missing people protocol
- Work with financial institutions

## **8. What is our capacity for improvement?**

Perth & Kinross APC is committed to continuous improvement through quality assurance and self-evaluation ensuring that outcomes for adult at risk is the main priority.

Building on our self-evaluation, lessons from SCRs and ASP thematic inspections we have developed a one year improvement plan 2019-20 which will continue to deliver outcomes.

### **8.1 Summary of APC priorities for 2019-20**

- Continue to develop and widen the quantitative and qualitative data from all agencies to inform practice and improvements and identify areas for improvement

- Monitor the improvement of the quality of chronologies by ongoing training, auditing of cases and team leader monitoring.
- Monitor the referrals to Independent advocacy on a quarterly basis and by locality areas.
- Engage with our partner agencies in higher education to ensure all client groups receive the support they need to safeguard themselves.
- Build on the engagement work with ethnic minority and religious groups to promote respect and equality with communities.
- Collate questionnaire information in relation to people with learning disabilities to check that current service provision is meeting needs.



Perth and Kinross Adult Protection Committee

Annual Report Statistics, covering period:

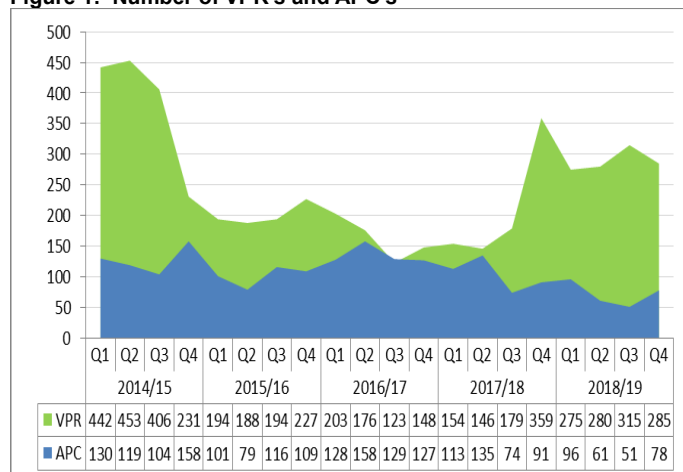
01 April 2014 - 31 March 2019

# Housing and Community Care - Adult Support and Protection

## Adult Protection Concerns and Vulnerable Person Reports

Over the last five years the number of Adult Protection Concerns (APCs) and Vulnerable Person Reports (VPRs) has fallen by 29%. The number of Adult Protection Inquiries also fell by 62%. Females aged 81 and over account for the largest proportion of APC's received, inquiries and investigations held. Worries about individuals being physically, financially harmed or neglected were the most common reasons for inquiries/investigations taking place.

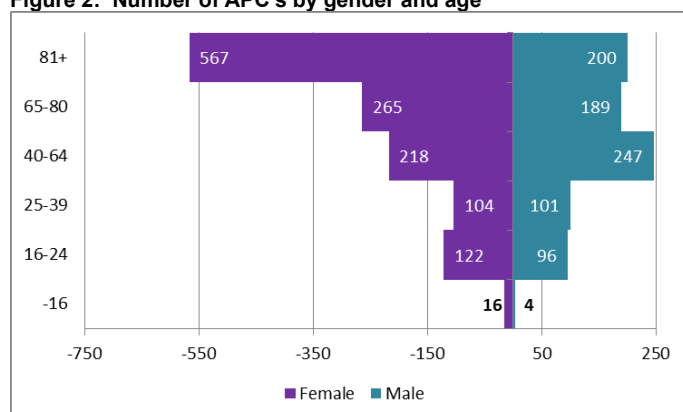
**Figure 1: Number of VPR's and APC's**



The total number of VPR's received in 2018/19 (1155 reports) has increased compared to 2017/18 (838 reports) however this is still a reduction of the total number that were received in 2014/15 (1,532 reports). Improved screening processes by Police Scotland has contributed to this reduction.

The total number of APCs received in 2018/19 (286 concerns) fell by 46% compared to the previous year.

**Figure 2: Number of APC's by gender and age**

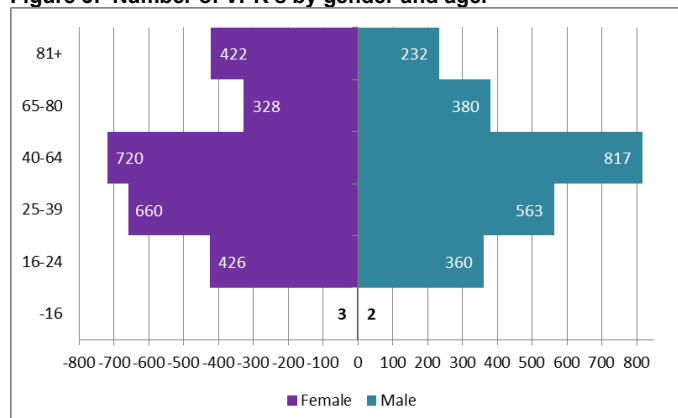


The total proportion of APC's by gender over the five year period was 61% female and 39% male.

Females over the age of 81 accounted for over a quarter, 27% of all APC's received.

In 2018/19 there were 2 APC's where the age and gender of the person was not recorded.

**Figure 3: Number of VPR's by gender and age.**



The total proportion of VPR's by gender over the five year period was 52% female, 48% male.

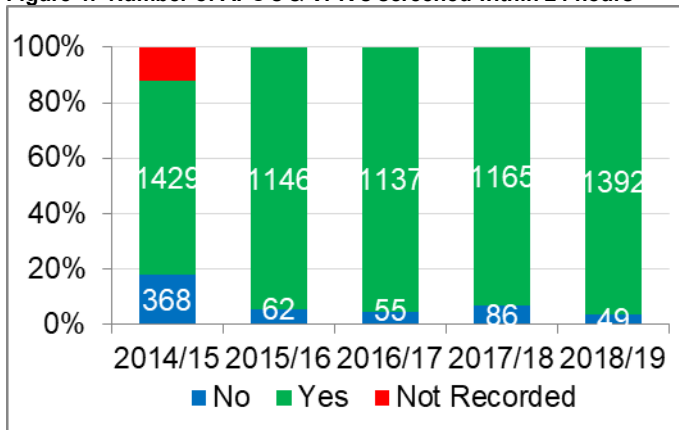
In 2018/19 there were 4 VPR's where the age of the person was not recorded and 34 VPRs with no gender recorded.

Males aged 40-64 accounted for 17% of the total VPR's received.

## Housing and Community Care - Adult Support and Protection

### Adult Protection Concerns and Vulnerable Person Reports

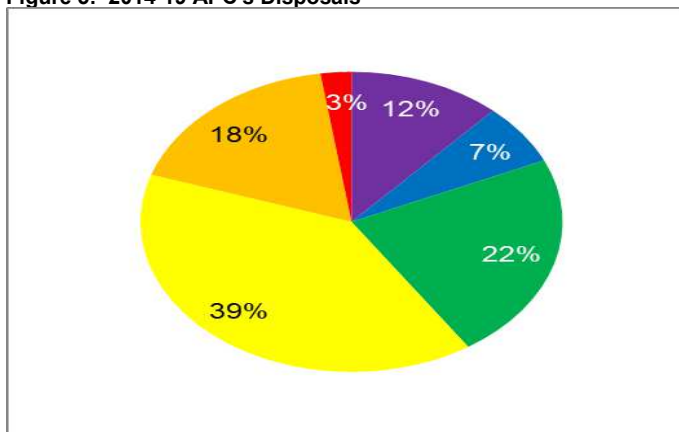
**Figure 4: Number of APC's & VPR's screened within 24 hours**



In 2018/19 100% of APC's and VPR's had a recorded outcome for screening, again this is an improvement on 2014/15 where 12% of APC's and VPR's were missing a recorded outcome.

During the same time period, 97% of all APC's and VPR's were screened within 24 hours, this is an increase of 4% from 2016/17.

**Figure 5: 2014-19 APC's Disposals**



The proportion of APC's progressed to an inquiry has risen in 2018/19 to 38%, from 31% in 2017/18. In 2014/15 the figure was 47%.

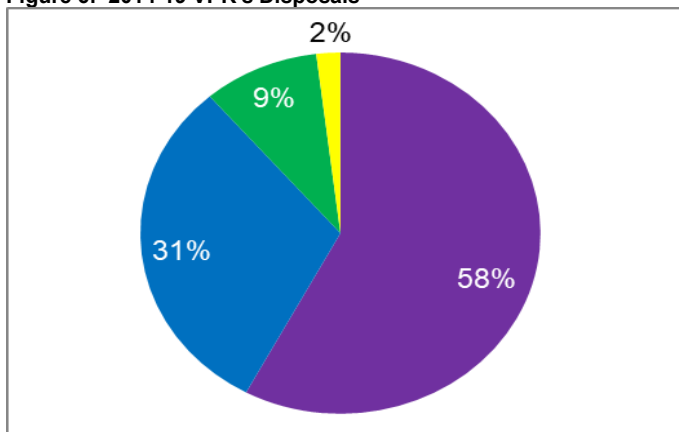
In 2018/19 the proportion of APC's where there was no further social work intervention dropped to 10% from 14% in 2017/18.

The proportion of APC's progressing to a large scale investigation continues fall. (4 in 2018/19).

#### 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

**Figure 6: 2014-19 VPR's Disposals**



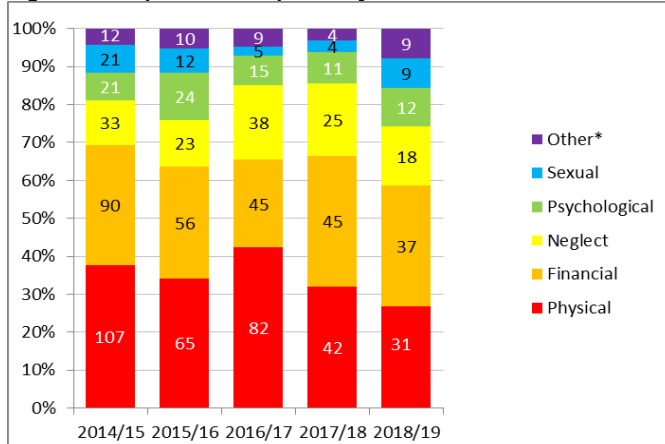
In 2018/19 the proportion of VPR's with no further social work intervention was 63% a rise from the previous year 54%.

Over the five year period there were fewer than twenty VPR's progressed to an investigation or large scale investigation.

## Housing and Community Care - Adult Support and Protection

### Adult Protection Inquiries

**Figure 7: Proportion of inquiries by nature of harm**



In 2014/15 there were 284 adult protection inquiries, in 2018/19 this figure fell by 62% to 116. The most common nature of harm is financial.

In 2018/19 there were two types of harm which increased by proportion of total inquiries, these were inquiries relating to sexual harm and Domestic Abuse<sup>1</sup>.

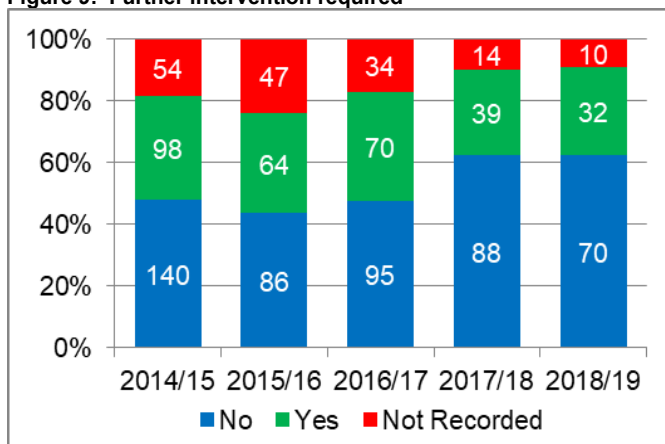
**Figure 8: Proportion of inquiries by client group**

Nature of Harm	2015/16	2016/17	2017/18	2018/19
Public Protection	0.5%	1%	1%	0%
Dementia	17%	22%	16%	20%
Education & Children's Services	1%	3%	3%	2%
Frailty or Illness	16%	19%	29%	32%
Learning Disabilities	28%	24%	16%	15%
Mental Health	6%	5%	3%	11%
Not recorded	2%	1%	3%	3%
Other (not further described)	5%	6%	6%	3%
Physical Disabilities Including Frailty Due to Old Age	24%	18%	21%	12%
Substance Misuse	2%	3%	1%	2%

Over the last five years the most commonly reported client groups were individuals with learning disabilities, Frailty/Illness, people with physical disabilities including frailty due to old age, and Dementia

In 2018/19 there were 10 inquiries without a recorded outcome as to whether further intervention was required.

**Figure 9: Further intervention required**



In 2018/19 29% of inquiries required further intervention. This is similar to the previous year.

Of those individuals who engaged with services and had the capacity to understand or perceive the impact of intervention, 64% found the intervention had been helpful.

A further 14% of inquiries did not have response recorded to this question which is a continued improvement.

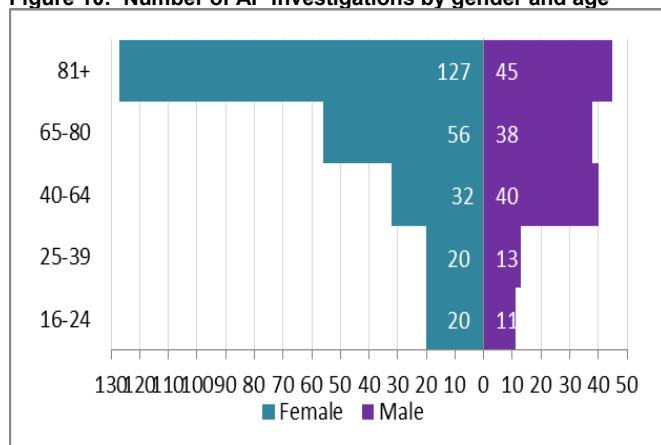
\*Other category includes; domestic abuse, attempted suicide, family violence and self-harm.

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

# Housing and Community Care - Adult Support and Protection

## Adult Protection Investigations

**Figure 10: Number of AP Investigations by gender and age**



Over five years there were a total of 402 Adult Protection Investigations.

In 2018/19 there were 64 Investigations.

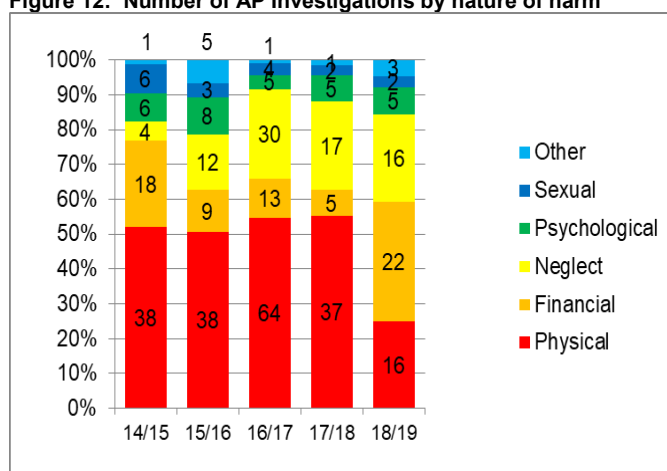
Just under a third of all investigations were for females aged 81 and over.

**Figure 11: % of AP Investigations by client group**

	2015/16	2016/17	2017/18	2018/19
Public Protection	0%	1%	0%	0%
Dementia	39%	36%	25%	33%
Education & Children's Services	0%	0%	1%	0%
Frailty or Illness	13%	18%	28%	23%
Learning Disabilities	18%	27%	29%	8%
Mental Health	4%	0%	4%	6%
Not Recorded	0%	0%	0%	3%
Other	11%	1%	4%	8%
Physical Disabilities Including Frailty Due to Old Age	13%	18%	9%	16%
Substance Misuse	1%	0%	0%	3%

In 2018/19 all investigations had a recorded client group. In 2018/19 The proportion of investigations where the client was Learning Disabilities decreased compared to previous years.

**Figure 12: Number of AP Investigations by nature of harm**



In 2018/19, the total number of Adult Protection Investigations (64 investigations) has fallen from the previous year (68 investigations)

The number of investigations relating to financial harm in 2018/19 (22 investigations) has risen from 2017/18 (5 investigations)

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

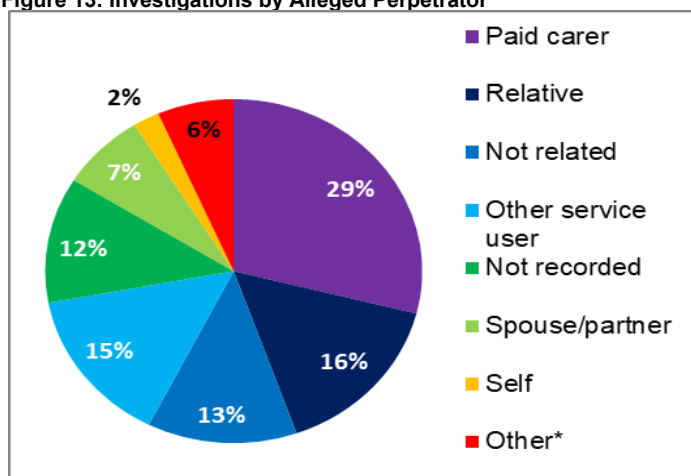
<sup>2</sup> Other category includes domestic abuse, family violence and self-harm.



## Housing and Community Care - Adult Support and Protection

### Adult Protection Investigations Cont'd.

Figure 13: Investigations by Alleged Perpetrator



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

Relatives were the second most common alleged perpetrator.

Over the five year period there were 6 investigations where the alleged perpetrator was unknown and 47 investigations where the client's relationship with the alleged perpetrator was not recorded, 7 of these were in 2018/19.

Figure 14: % Investigations disposals

	2015/16	2016/17	2017/18	2018/19
Further SW Intervention (non AP action)	82%	39%	44%	27%
Progress to Case Conference	14%	10%	15%	21%
Not recorded	4%	1%	0%	0%
No Further SW Intervention	0%	50%	41%	52%

In 2014/15, 17 investigations progressed to a case conference, in 2018/19 this figure fell to 13 investigations progressed to a case conference.

In 2018/19 there were no investigations without a recorded outcome.

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

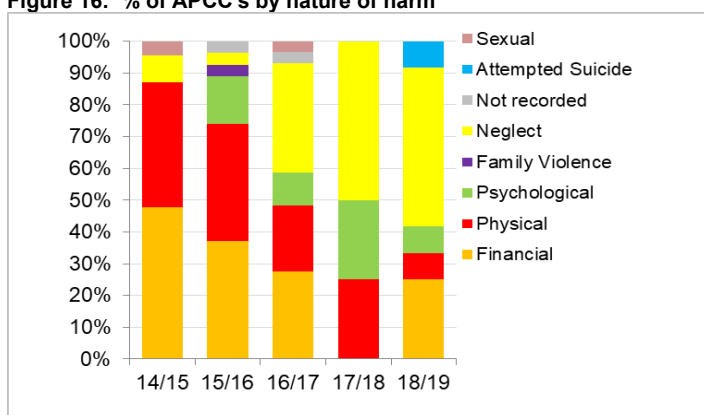
	2015/16	2016/17	2017/18	2018/19
Lacks capacity	55%	54%	48%	39%
No	0%	1%	0%	2%
Not recorded	12%	5%	0%	0%
Yes	33%	45%	52%	59%

In 2018/19, 33 clients perceived the intervention to be helpful. 22 people lacked the capacity to understand or perceive the impact that the intervention.

# Housing and Community Care - Adult Support and Protection

## Adult Protection Case Conferences

**Figure 16: % of APCC's by nature of harm**



In 2018/19 there were 20 Adult Protection Case conferences, the largest proportion of these conferences were in relation to alleged neglect.

Over the five years over a third (35%) of conferences were in relation to alleged financial harm.

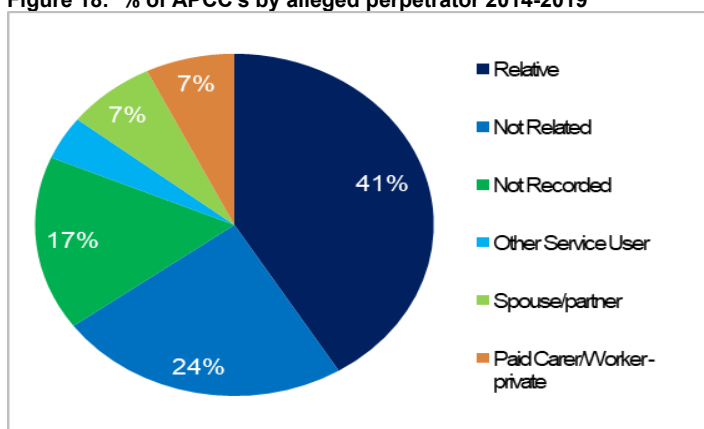
The majority of case conferences in 2018/19 had a location of harm cited as clients home address.

**Figure 17: % of APCC's by client group**

	2015/16	2016/17	2017/18	2018/19
Dementia	22%	3%	50%	15%
Frailty or Illness	4%	10%	25%	20%
Learning Disabilities	26%	38%	25%	15%
Mental Health	19%	3%	0%	0%
No Disability 16-64	0%	3%	0%	0%
Palliative Care	4%	0%	0%	0%
Physical Disabilities Including Frailty Due to Old Age	26%	14%	0%	45%

In 2018/19 there was a large increase in the number of case conferences where the client group was recorded as Physical Disabilities.

**Figure 18: % of APCC's by alleged perpetrator 2014-2019**



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

In 2018/19 there were no case conferences without a recorded alleged perpetrator, compared to 10 records having no recorded alleged perpetrators in 2016/17.

## Housing and Community Care - Adult Support and Protection

### Adult Protection Case Conferences

Figure 19: % APCCs by disposals

	2015/16	2016/17	2017/18	2018/19
Adult Protection Plan	56%	52%	0%	50%
Ongoing Monitoring Through Mainstream Procedures	19%	48%	50%	50%
No Further Action	19%	0%	50%	0%
Not Recorded	7%	0%	0%	0%

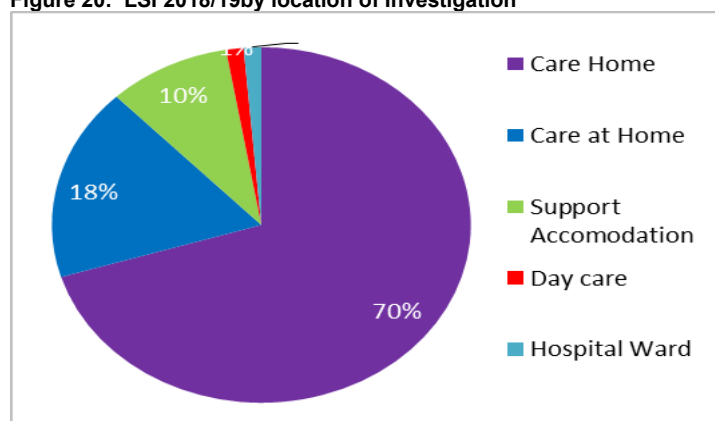
In 2018/19 50% of the AP case conferences resulted in ongoing monitoring through mainstream procedures.

In 2018/19 there were no case conferences without a recorded disposal.

## Housing and Community Care - Adult Support and Protection

### Large Scale Investigations

Figure 20: LSI 2018/19 by location of Investigation



Over the five year period there were 70 Large Scale Investigations (LSI), 22 in 2014/15 and 18 in 2015/16, 18 in 2016/17, 12 in 2017/18 and 4 in 2018/19.

The majority of these investigations took place in care homes.

The issues identified from the 2019 combined multi-agency/Large Scale Investigation audit in relation to LSIs were:

- Medication errors
- Neglect/lack of care/hygiene issues
- Missed Visits/key safes
- Moving and Handlings
- Incident Reporting
- Staff training and induction
- Falls risk assessment
- Staff shortages/lack of experience and knowledge
- Poor communication/record keeping/support plans; and
- Financial Harm

**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 experiences physical and mental health issues. The banning order was to prevent financial exploitation by the son against his mother.

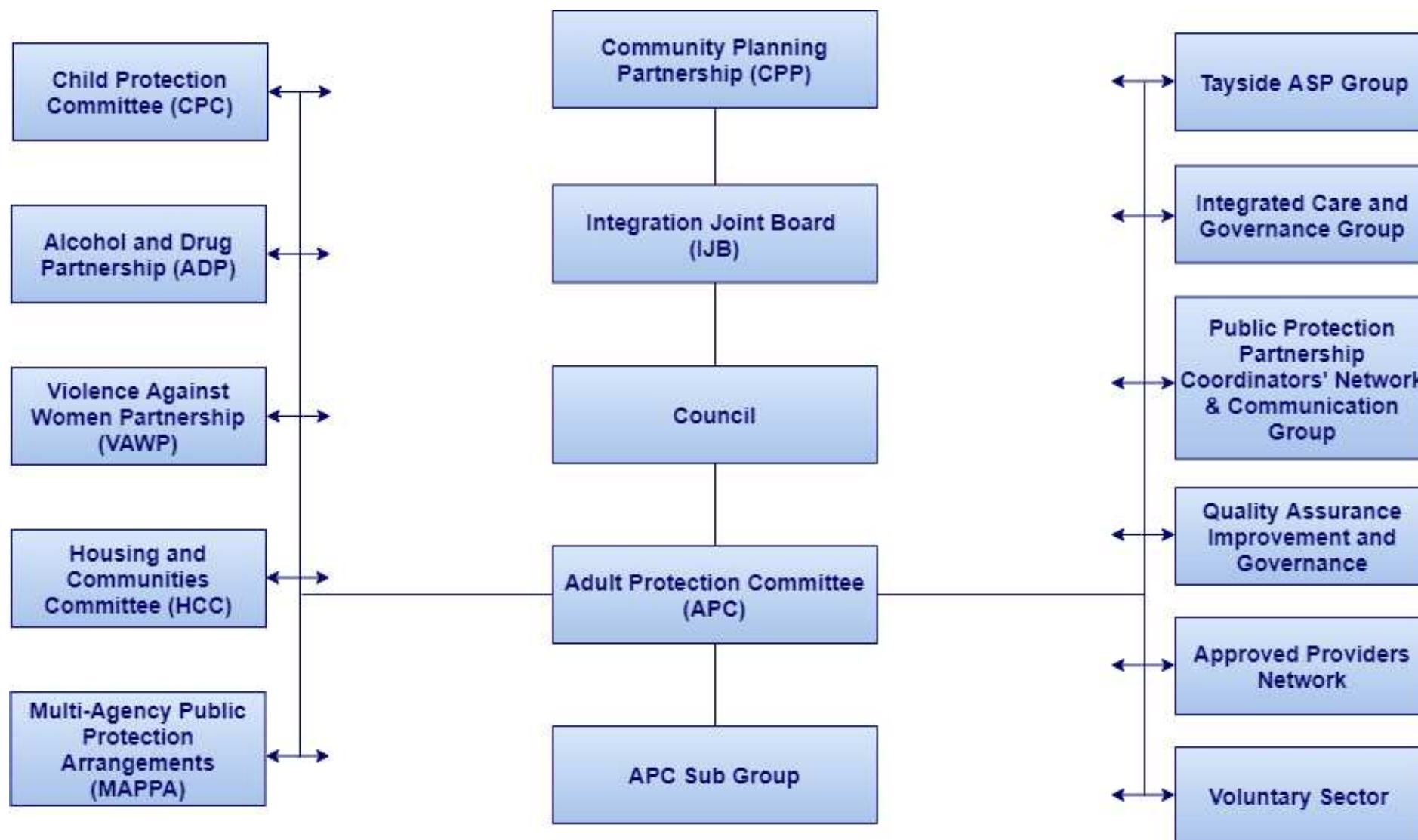
**August – September 2016 - Banning order applied for and granted.**

A temporary/full banning order was requested to prohibit two acquaintances visiting a man with disabilities who was being financially targeted.

**May – July 2017- Banning order applied for and granted.**

Another temporary/full banning order was requested to prohibit two acquaintances visiting a man with disabilities who they had previously targeted and were currently exploiting for financial gain.

## Perth and Kinross APC Structure 2018





# **ADULT SUPPORT AND PROTECTION**

## **IMPROVEMENT PLAN 2019-2020**

**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, <http://www.pkc.gov.uk/communityplanning> are the key strategic plans for all services in Perth and Kinross 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

**Our Local Outcomes:  
A Whole Life Approach<sup>3</sup>**



<sup>3</sup> Source: [Perth and Kinross Community Plan / Single Outcome Agreement \(SOA\) 2013 - 2023](#)  
[Perth and Kinross Council Corporate Plan 2013 - 2018](#)



## **The Work of the Adult Protection Committee (APC)**

The work of Perth and 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 Fora

### **Public Information and Communication**

- Raising Public Awareness
- Involving adults at risk and their Families

### **Monitoring, Evaluation, Outcomes and Impact**

The Adult Protection Inter-Agency Coordinator will be responsible for coordinating the plan on behalf of the APC.

APC Improvement Plan 2019-2020					
No	Action / Task	Strategic Lead	Timescale		RAG
<b>Areas based on National ASP Improvement Plan</b>					
<b>Outcome 1: Assurance</b>					
1	<b>1.1 Areas for Improvements are informed by good quality ASP statistics and data.</b> - Compare and contrast data across Scotland	<b>APC</b>  <b>APC sub group</b>	March 2020	<ul style="list-style-type: none"> <li>Tayside reporting framework draft developed and awaiting feedback from APC's</li> <li>Multi-agency data mapped across Perth &amp; Kinross</li> </ul>	A
	<b>1.2 Explore issues raised in ASP thematic inspection and local audit processes</b>			<ul style="list-style-type: none"> <li>Visit to North Ayrshire 11/12/18</li> <li>Discussions in Tayside relating to Dundee inspection results</li> </ul>	A
<b>Outcome 2: Governance</b>					
2	<b>2.1 Adult protection is embedded in clinical and care governance framework</b>	<b>Independent Chair</b> <b>Chief SWO</b> <b>Head of Service</b> <b>ASP coordinator</b>	Ongoing	<ul style="list-style-type: none"> <li>Currently have indicators for ASP</li> <li>Part of reporting structure for Annual reports</li> </ul>	A
	<b>2.2 Strategic linkage and support for adult protection through Chief Officers programme</b>	<b>Independent Chair</b>	Ongoing	<ul style="list-style-type: none"> <li>Chair of APC attends COG</li> <li>Chair of APC meets regularly with Chief SWO and CEO of Perth &amp; Kinross Council</li> <li>Chair of APC reports to Council &amp; IJB on ASP activity</li> </ul>	A

No	Action / Task	Strategic Lead	Timescale		RAG
<b>Outcome 3: Data and Information</b>					
3	<p><b>3.1 Improvements in ASP services driven by more sophisticated and systemic self evaluation framework in ASP.</b></p> <p><b>Compare and learn from self evaluation work across the CPP and with other authorities</b></p>	<p><b>Independent Chair</b></p> <p><b>APC</b></p> <p><b>APC sub-group</b></p>	Ongoing	<ul style="list-style-type: none"> <li>Further outcome focused indicators to be identified</li> <li>Measurement of service user and carer experience</li> </ul>	A
<b>Outcome 4: Policy and Guidance</b>					
4	<p><b>4.1 Effective partnership working Perth &amp; Kinross Multi-agency operational guidance</b></p>	<b>APC &amp; APC sub-group</b>	December 2018	<ul style="list-style-type: none"> <li>Completed and approved by APC</li> <li>Disseminated to all agencies</li> <li>Updated on webpages</li> </ul>	G
	<p><b>4. 2 More effective Tayside partnership working</b></p> <ul style="list-style-type: none"> <li><b>Update Tayside multi-agency operational guidance</b></li> <li><b>Agree areas of joint working, key processes, learning and development across wider public protection areas</b></li> <li><b>minimal learning standards framework</b></li> </ul>	<b>APC in Dundee, Angus and Perth &amp; Kinross</b>	December 2019	<ul style="list-style-type: none"> <li>Draft document currently being reviewed</li> </ul>	A
<b>Outcome 5: Practice Improvement</b>					
5	<p><b>5.1 Individuals and groups have stronger voice through</b></p>	<b>APC sub-group</b>	December 2019	<ul style="list-style-type: none"> <li>To be included in reporting framework</li> </ul>	A

No	Action / Task	Strategic Lead	Timescale		RAG
	<i>increase in Independent Advocacy.</i>			<ul style="list-style-type: none"> <li>Inclusion in ASP training courses</li> <li>Monitor referrals</li> </ul>	
	<p><b>5.2 Improved service user and carer experience in ASP processes.</b></p> <p><i>Develop a way to capture information to ensure views are heard and changed if required</i></p> <p><i>Positive engagement with people with learning disabilities who would have greater influence in and control over ASP services. Establish a rapport with existing user and carer groups.</i></p> <p><i>Greater awareness of cultural issues and impact on ASP processes</i></p> <p><i>Special focus on people in care settings and care at home clients.</i></p>	<b>Independent Chair ASP co-ordinator</b>	March 2010	<ul style="list-style-type: none"> <li>Keys to life group information – collate questionnaires responses</li> <li>PKAVS - Ethnic minority Hub, meeting with religious leaders</li> <li>Perth College</li> </ul>	<b>A</b>
	<b>5.3 GPs are engaged effectively in ASP planning..</b>	<b>Independent Chair ASP co-ordinator</b>	March 2010	<ul style="list-style-type: none"> <li>engage with GP and discuss their role in process, impact of their involvement and capacity issues</li> </ul>	<b>A</b>
	<p><b>5.4 Increase referral rates for health patients especially mental health clients in the 16-65 year old range.</b></p> <ul style="list-style-type: none"> <li>Analyse existing figures on current referral rates and once</li> </ul>	<b>APC sub-group</b>	December 2019	<ul style="list-style-type: none"> <li>To be included in reporting framework</li> <li>Inclusion in ASP training courses</li> <li>Monitor referral rates</li> </ul>	<b>A</b>

No	Action / Task	Strategic Lead	Timescale		RAG
	validated discuss with stakeholders how they can be increased				
<b>Outcome 6: Prevention</b>					
6	<b>6.1 Enhance learning and stream lined processes in health and social care partnerships for reviewing cases.</b> - <i>Inter agency approach across such areas as SEA, LAER, SCR and SCEA.</i>	<b>APC Sub group</b>	Ongoing	<ul style="list-style-type: none"> <li>On improvement plan for sub-group</li> <li>Reports to APC on local and national SCR and learning</li> <li>Report to HSCP management teams and updated on adverse event register</li> </ul>	<b>A</b>
	<b>6.2 Effective communication with partners and members of the public resulting in greater awareness across professionals and the public of ASP</b> - <i>Review methods of communication with better use of social media and webpage and updated messages to members of the public.</i>	<b>APC sub-group ASP leads in Tayside</b>	Ongoing	<ul style="list-style-type: none"> <li>Develop a minimal learning standards framework across Tayside</li> <li>Agree courses to be developed and delivered jointly</li> <li>Provide access to more courses on trauma informed practice</li> </ul>	<b>A</b>

## **APC Self Evaluation Audit**

<b>No</b>	<b>When (Start Date)</b>	<b>APC Self-Evaluation Activity and Lead Person</b>	<b>Key APC Outputs<sup>i</sup></b>	<b>Target Date for APC</b>
<b>1</b>	<b>16 May 2018</b>	VPR/AP concern audit		
<b>2</b>	<b>30 August 2018</b>	NHS Audit – Grace Gilling/Mary Notman	Involvement of key agencies	Tabled at APC December 2018
<b>3</b>	<b>30 July 2018</b>	Bi-ennial report completed /Mary Notman	Evaluation Report	Tabled at APC meeting on 30 August 2019
<b>4</b>	<b>26 November 2018</b>	APC Risk workshop	Risk profile	Tabled at APC March 2019
<b>5</b>	<b>30 November 2018</b>	Attended P&K GP Forum to discuss to involvement with ASP National meetings 26/9/18 & 26/3/19	Updated draft guidance on GP involvement	In progress nationally
<b>6</b>	<b>11 December 2018</b>	Visit to North Ayrshire to discuss ASP thematic inspection	Paper produced on learning points	Tabled at APC March 2019
<b>7</b>	<b>25 January 2019</b>	Mrs Ellen Ash SCR presentation	Paper produced on learning points	Tabled at APC on 8 March 2019

No	When (Start Date)	APC Self-Evaluation Activity and Lead Person	Key APC Outputs <sup>i</sup>	Target Date for APC
8	30 January 2019	Multi-agency audit at Highland House /Mary Notman	Audit on processes, outcomes and involvement of key people and agencies	Tabled at APC meeting on 8 March 2019
9	15 May 2019	VPD/AP concern audit /Mary Notman	Audit to check recording, response, decision making and adherence to processes	To be tabled at September APC 2019

#### **Key ASP Dates**

15 February – national ASP day

15 June – Elder Abuse awareness day

1 October – International Older people day