

Aberdeen City Adult Protection Committee

Biennial Report 2016-2018



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Convenor's Foreword

As Independent Convener of Aberdeen City Adult Protection Committee (APC), it is my privilege to submit the fifth Biennial Report in terms of Section 46 of the Adult Support and Protection (Scotland) Act 2007.

In my last report, I made mention of the joint inspection of Older People's Services in Aberdeen which was carried out by the Care Inspectorate and Healthcare Improvement Scotland. In the report that follows, reference is made to the steps taken to deal with issues which had been identified and I am pleased to report that satisfactory progress has been made.

I have previously commented upon the need for increased public awareness of adult support and protection. This remains the case and the potential impact of this is that signs of adults being at risk of harm are not recognised, and not reported, thus preventing appropriate interventions by professionals. High profile, sustained advertising campaigns are, in my view, necessary to try and address this. While the awareness of the public needs to increase, so too does the knowledge of some staff whose professional role involves supporting adults are at risk of harm. While staff training, including targeted training, does take place there are examples of the symptoms of a potential adult support and protection issue not being recognised, resulting in appropriate and timely referrals not being made. Moreover, it seems that at times, staff consider adult support and protection from a single agency perspective when a more holistic approach might lead to better outcomes.

During the reporting period, one case review was carried out following a referral made to the Committee in accordance with the Grampian Serious Case Review protocol. The review resulted in a number of findings which were acted upon and shared. Reviews carried out elsewhere in the country are also considered and learning disseminated when appropriate and relevant.

The role of the Health and Social Care Partnership (HSCP) has developed during the reporting period and though the Local Authority remains the statutory lead, the role of the HSCP is important and a close partnership approach between health and social care professionals can only be of benefit.

In 2017, a thematic inspection of adult support and protection was carried out in six areas across Scotland. Although Aberdeen was not one of the areas inspected, the key messages from the national inspection report has

been considered by the APC and will be addressed going forward.

During the second part of the reporting period, it is my view that the work of the APC suffered to an extent, possibly because of staff changes in some organisations. This resulted in a lack of continuity and consistency in taking forward the work of the Committee. A workshop held to consider this has allowed the APC to re-focus, ensuring that it operates at a strategic level with sub groups being formed to take forward tasks and make recommendations to the APC. I believe this will enhance the effectiveness of the Committee.

Finally, I wish to record my thanks to Committee members for their efforts and support.

Albert J Donald
Independent Convener

SECTION 1

Introduction



Aberdeen City is committed to ensuring an effective, responsive and inclusive approach to the support and protection of adults at risk of harm.

Aberdeen City Adult Protection VISION

The Aberdeen City Adult Protection Committee is in place to deliver on activities set down by legislation. It consists of key partners who work collaboratively to ensure Adult Protection processes are efficient and effective.

Over the past 2 years there have been significant changes to how the committee oversee their responsibilities. A refresh of membership was undertaken, with the committee now having senior officers in attendance from each partner agency. A new Terms of Reference and welcome pack was developed for members, along with a risk register. There has been significant work undertaken to both strengthen and improve the role of the committee and to provide robust governance of adult protection services across the public, private and wider third sectors.

We welcomed the establishment of an Executive Group for Public Protection, which consists of the Local Police Commander and Chief Executives of NHS Grampian and Aberdeen City Council. The group provides leadership, direction and scrutiny of local adult protection services.

We have also recently established the Adult Protection Committee Operational Sub-Group, which sits below and is accountable to the committee and is responsible for delivering on the committee's Improvement Action Plan. The group consists of managers from key agencies and is in place to drive forward our improvement activity and provide assurance to the committee that priorities are being delivered. The group will also be a forum for national and local learning reviews/initial case reviews (ICR's) and will establish a more robust performance framework and undertake a programme of self-evaluation based on quality assurance

drivers. The group will also focus on a communication strategy to enable more widespread awareness-raising of adult protection across agencies and communities.

The committee continues to share an independent convener with Aberdeenshire Adult Protection Committee and adheres to the Grampian Inter-Agency Policy and Procedures for the Support and Protection of Adults at Risk of Harm. The policy has again been reviewed and revised within this period to ensure it continues to be fit for purpose and is informed by the latest national developments.

The Child Protection Committee and Adult Protection Committee work collaboratively on cross cutting areas of improvement work such as in relation to the development of consistent case review procedures and multi-agency guidance for professionals working with vulnerable 16-17-year olds. The CPC and APC each have representatives on the other group and minutes are shared to ensure relevant information and initiatives are shared. There is also established procedures in place to guide professionals where there are both child and protection concerns.

Most recently a decision has been made by the Executive Group for Public Protection that a new joint post be established, which will see the recruitment of an independent joint chair for both the Adult Protection and Child Protection Committee. This post will offer an opportunity for more aligned strategic leadership on public

protection. The chair will ensure the local authority and committees fulfil their duties in accordance with national legislation and guidance, whilst providing the Executive Leadership Group for Public Protection with assurance on the effectiveness of the policy framework and professional practice within the multi-agency environment of adult and child protection services.

Since the last Biennial report was published, Aberdeen Community Planning Partnership has developed the City's Local Outcome Improvement Plan (LOIP) with key outcomes identified as:

PROSPEROUS PEOPLE - people are Resilient, included and supported when needed.

- Protected from harm
- Supported to live as independently as possible

PROSPEROUS PLACE - empowered, resilient and sustainable communities

- Safe and resilient communities
- People friendly city

Adult Support and Protection is very much at the heart of the city strategy, ensuring that Aberdeen is a place where everyone feels safe, supported and included. The plan enables key drivers to be delivered at a local level to secure better outcomes for the wellbeing of people and communities.

Joint Inspection of Health & Social Care Services for Older People

In early 2016, Aberdeen City Health & Social Care Partnership was subject to a joint inspection of services for older people. The inspection was led by the Care Inspectorate and Health Improvement Scotland and raised concerns regarding a small number of adult protection cases, highlighting a need for improvement in certain areas. The report, published in September 2016, contained eight recommendations, two of which related to adult support and protection.

These were:

Recommendation for improvement 4

Aberdeen Health & Social Care Partnership should work with the Aberdeen City adult protection committee to support improvement in adult support and protection by:

- **including timescales for all partners for the completion of all stages within the adult protection processes;**
- **providing oversight of progress of action plans completed from audits; and**
- **providing oversight and quality assurance of any action plan resulting from the commissioned review of adult support and protection.**

Recommendation for improvement 5

The partnership should take action to ensure that frontline staff are supported to complete initial inquiries, risk assessments and risk managements plans timeously.

This action should include:

- **working alongside Police Scotland to set clear timescales for completing inquiries;**
- **streamlining its risk assessment frameworks; and**
- **ensuring that risk assessments and risk management plans are completed and actioned.**

Following the joint inspection, immediate action was taken by the partnership including an independent review of adult protection. A total of 95 current cases and 25 closed cases were scrutinised and the recommendations from both the inspection and the independent review formed the Adult Protection Action Plan. This has been the key focus for improvement activity over the past two years. The Adult Protection Committee also resolved to develop a cohesive culture of learning and development for all staff, ensuring effective communication, good direction and strong leadership was in place across partners.

The main themes contained in the Adult Protection Improvement plan were:

- **Leadership/Governance**
- **Performance**
- **ASP Processes/Timescales**
- **Learning & Improvement**
- **Communication**

In June 2018, the Care Inspectorate and Health Improvement Scotland returned to Aberdeen for a follow-up review inspection and to consider progress on the eight recommendations made in their inspection report in 2016. The review consisted of file reading, focus groups and meetings with senior managers and members of the committee. The inspectors also met with a carers group. The review report was published on 9th October 2018 and it was noted that good progress had been made in relation to the recommendations and that no further scrutiny was required. The progress made is a result of the continued strong partnership approach undertaken in Aberdeen.

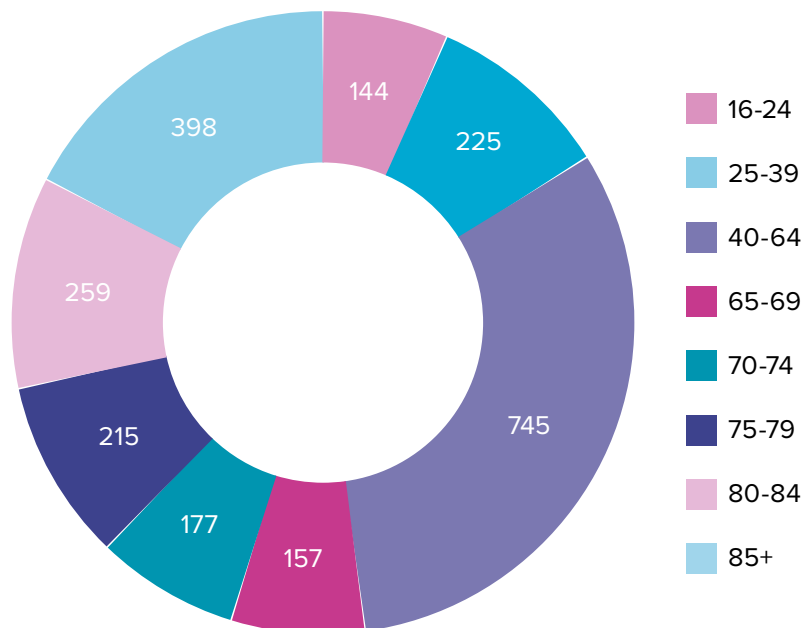
SECTION 2

Risk and Harm in Aberdeen

2.1 Referrals

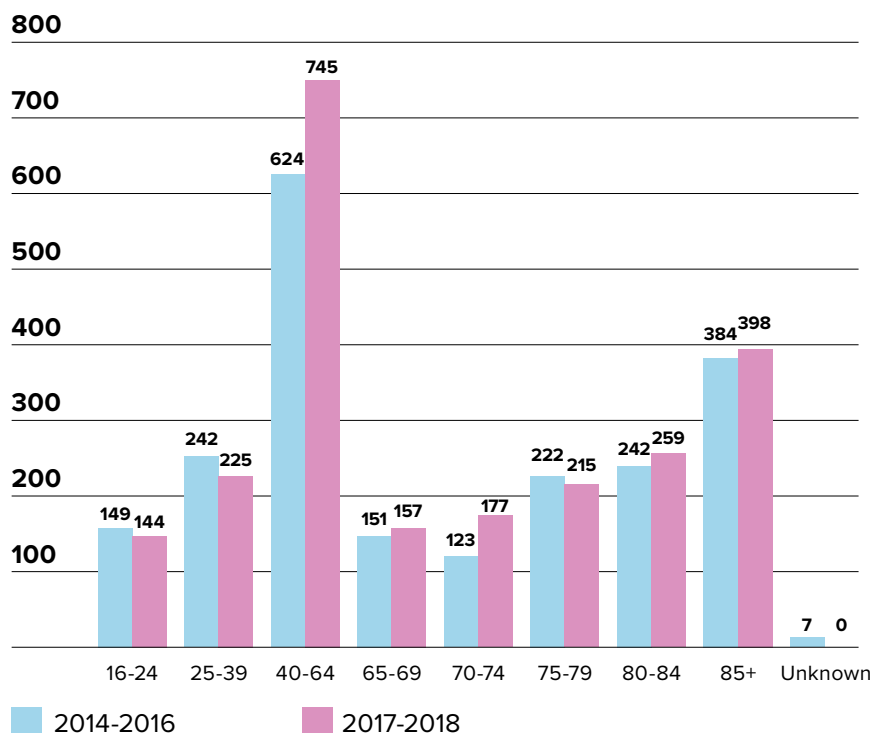
Over the period from 1st April 2016 to 31st March 2018, 2,328 referrals were received by the Adult Protection Unit. This was an increase of 8.5% from the previous reporting period, (2014-2016) when 2,144 referrals were submitted. The success of our work around Adult Support and Protection (ASP) is reflected in the increased number of referrals year on year from a variety of sources including the public, individuals themselves or family members, care homes, care at home staff, NHS, Scottish Fire and Rescue Service, Police Scotland, Social Work, the Scottish Ambulance Service and third sector partners.

Number of referrals - Total 2328



The largest age group for referrals, was between 40-64 years, accounting for 745 referrals (32% of the total). This was an increase of 19% since the last reporting period. A total of 51% of all referrals received related to people aged 65+ with 1,206 reports submitted over 2 years.

Referral Comparison - Age Groups



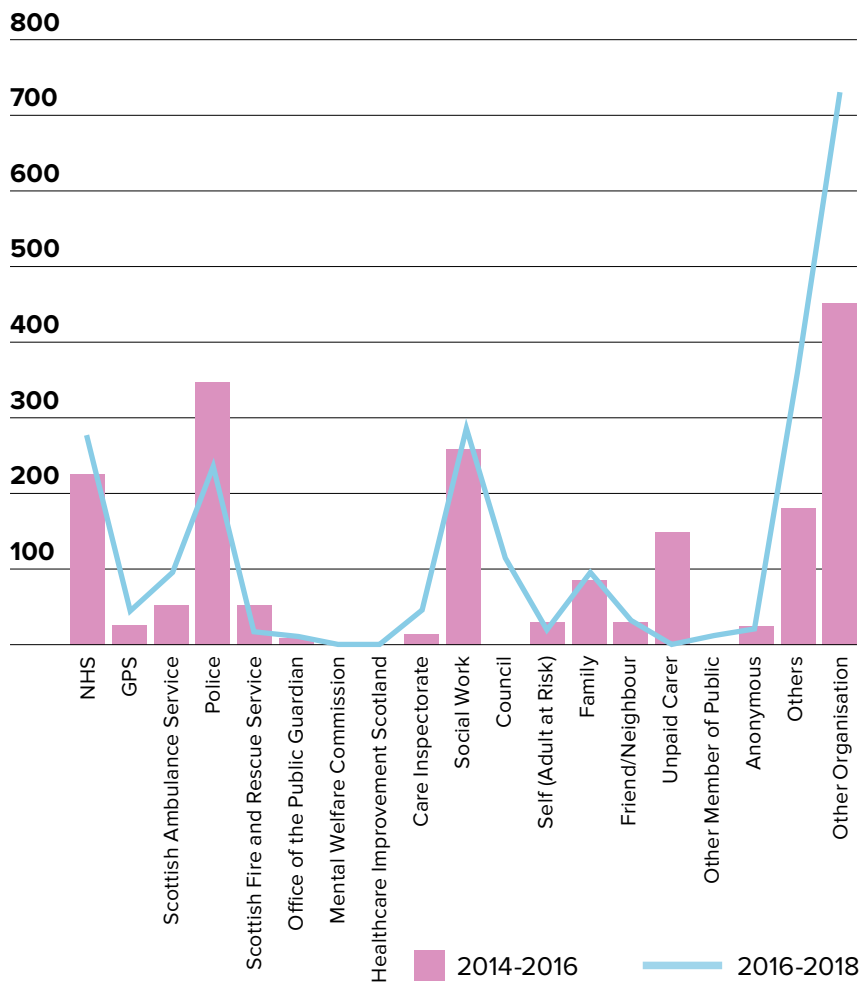
2.2 Source

The largest source of referrals came from “other organisations” (care homes, carer, or third sector provider) which accounted for 726 referrals. This is an increase of 275 referrals since the last reporting period. It is assessed that this increase may be due to the Thresholds, Good Practice Guidelines rolled out in 2016, which gives care homes guidance on when to report. There has also been significant activity in relation to building relationships with managers and staff in care homes and upskilling them in respect of adult protection matters.

The next largest increase is from the “others” category, with an increase of 176 referrals from the previous report. Reports categorised under ‘other’ include ‘care at home’ and ‘unknown’ and also include referrals that fall outwith the Scottish Government categories.

The number of referrals from Police Scotland has dropped significantly (6%), which is reflected nationally between 2015/16 and 2016/17. In the previous biennial period 245 referrals were screened as No Further Action compared with 64 for the 2016-18 period. It is assessed that this is a consequence of the robust screening and triaging of concern reports now undertaken by the Police Scotland North East Division Concern Hub. There has also been significant work undertaken to identify vulnerable adults through joint working between the Police Scotland Concern Hub, the Community Safety Hub and Social Work to enable a more efficient and effective multi-agency response with earlier interventions to safeguard vulnerable adults.

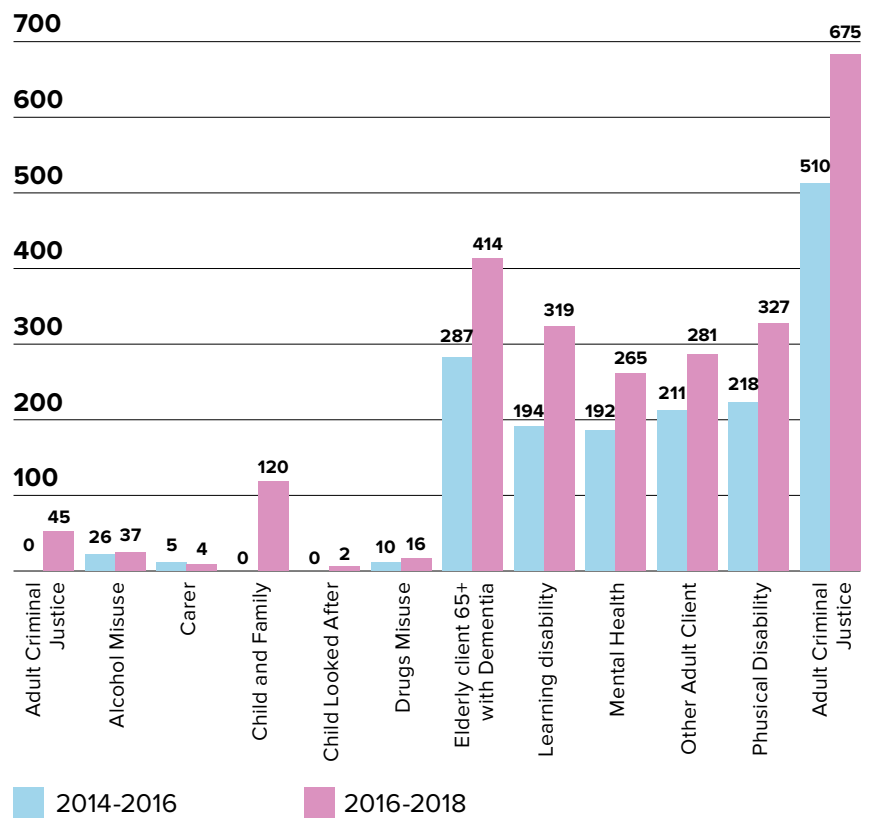
Source of Referral



2.3 Client Group

As in the previous reporting period, the largest number of referrals per client group was for infirmity due to age. There were 510 referrals for this client group during the previous reporting period compared with 675 for this reporting period. This is an increase of 32%. National figures published for 16/17 show an overall increase of 25% for ASP reports under the category of infirmity across Scotland. Although in line with national figures, it is assessed the increase in Aberdeen may be attributed to changing demographics and as a result of work undertaken by partners to continually raise Adult Protection awareness. In addition, there has been more collaborative proactive work undertaken with providers who are commissioned to deliver care at home services and private care homes.

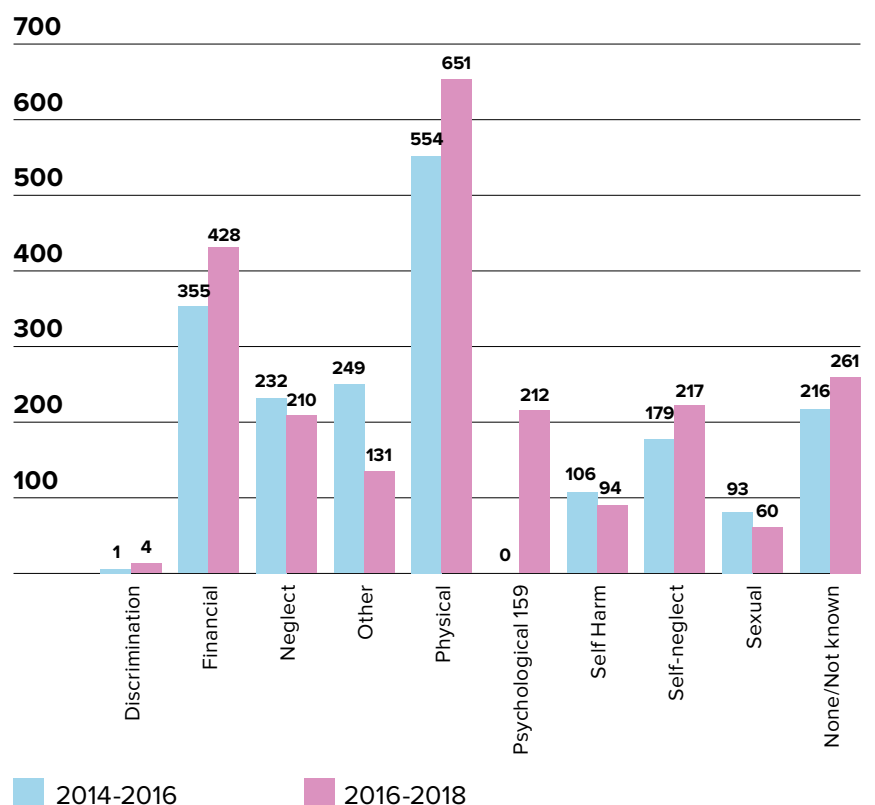
Referral by Client Group



2.4 Harm

The main risk factors for adults is 'Physical Harm', which amounts to 30% of reports and 'Financial Harm' 18%. This is in keeping with previous reporting periods. It is of note that national figures also show physical and financial harm as presenting a significant risk to vulnerable adults. Financial harm has continued to increase over a number of years and a Grampian Adult Protection Working Group (GAPWG) Financial Harm Sub-Group continues to work closely with banking institutions and Trading Standards as well as statutory partners to raise awareness and minimise the risk of financial harm. Council officers work closely with the Office of Public Guardian where a family member, who may have power of attorney, is suspected of causing harm. Social Workers/Care Managers will apply for guardianship to make welfare decisions in order to keep adults safe and financial

Referrals by Type of Harm

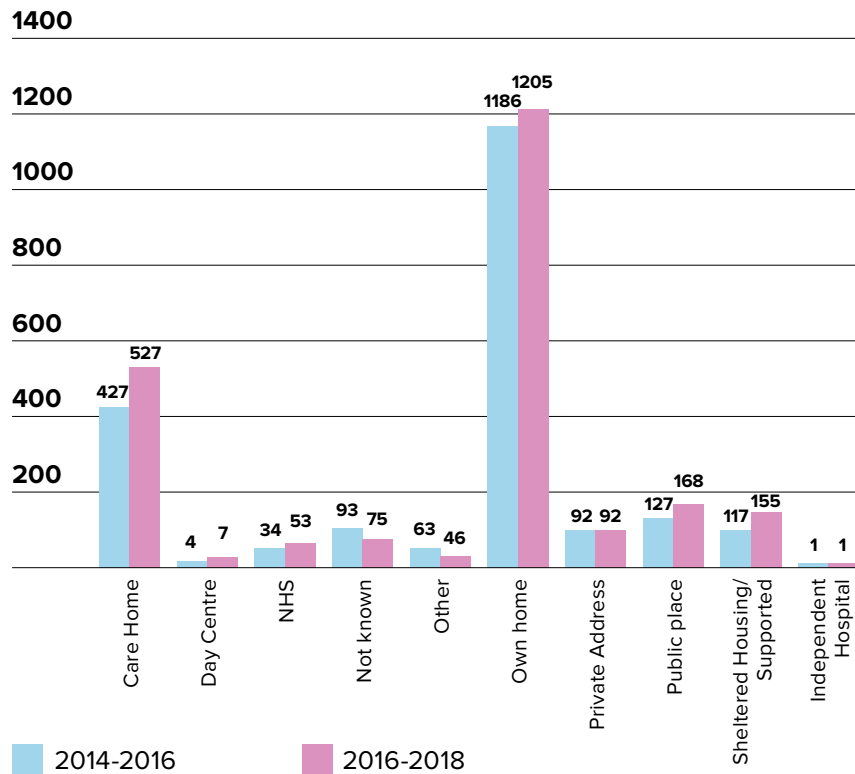


guardianship will be applied for by an independent solicitor. There has also been an increase in the number of applications by Aberdeen City Council to become Department of Work and Pensions (DWP) appointee in order to keep adults at risk safe from financial harm. Aberdeen Health and Social Care Partnership currently have 239 people for whom we have appointeeship with a further 29 awaiting approval. We have seen an increase year on year which demonstrates effective early intervention to protect vulnerable clients who could otherwise be at risk of financial harm.

2.5 Location

The most common location for harm occurring was noted as in the home address ('Own Home'), which is an observation replicated nationally. This has only risen very slightly since the last reporting period whereas there had been a significant increase from the period 2012/14. Harm occurring in people's homes increased by 51% between those periods which is positive in showing the growing awareness of adult protection. Carer stress is acknowledged as the reason behind a number of referrals. Considerable work has been done to support carers and reduce the likelihood of harm occurring. Commissioned

Location of Harm



services were adapted to allow for the introduction of an Enhanced Carer Support Service for Adult Carers. Since this service began in November 2017, there has been a notable increase in the number of referrals made to the Adult Carer Support Service meaning identification of "hidden" carers and improved support to those who are hard to reach. The Aberdeen City Health &

Social Care Partnership launched a Carers Strategy in April 2018, which commits to improving the health and wellbeing of unpaid carers. A new carers support plan is now in place to assess needs and improve outcomes for the carer and the supported person.

2.6 Outcomes

Since the previous reporting period, the referrals which are screened as 'No Further Action' are now broken down under two categories;

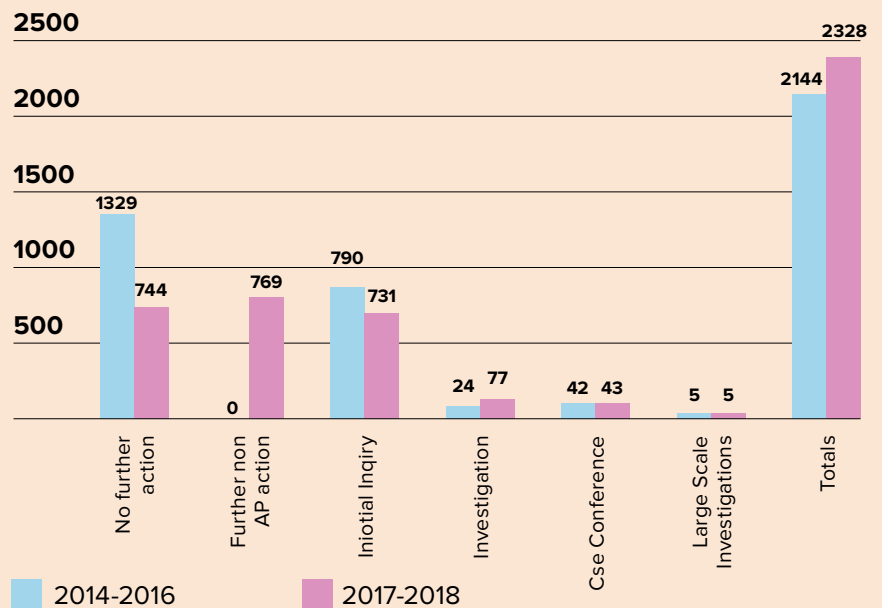
- No Further Action because they do not meet the 3-point test/no evidence of harm
- No Further Action under Adult Support and Protection but require intervention from the appropriate team/service.

From the referrals received in this period 65% of reports resulted in no further action under ASP compared to 62% in the previous period. Of those 1513 that were no further action, 51% of those were referred on to appropriate services for allocation and intervention. This evidences our focus on early intervention and prevention to keep people safe from harm and our adherence to the principles of the Act with regard to the least restrictive intervention being used.

Less initial inquiries were completed this period. This may be due to a number of reasons. Robust training and new screening process ensures consistency and greater confidence in defensive decision making and interventions being put in place outwith ASP process to keep people safe. There is evidence that provision of immediate support at initial inquiry stage often addresses risk of harm, thereby reducing the need for formal measures. There is now much more emphasis on safeguarding adults and improving how we respond to those who may be at risk of harm, with early interventions and support being put in place to improve outcomes and focus is very much on prevention.

There was a low number of reports that proceeded to full investigation, 3% of the total

Comparison of Referrals



referrals received. For those proceeding to full investigation, they are the most vulnerable, most at risk and a multi-agency response is therefore required.

Large Scale Investigations

Following the Grampian protocol for large scale investigations, four of these have been completed over the reporting period, with a further concluding during the period. The policy defines a large-scale investigation as a multi-agency response to circumstances where there may be two or more adults at risk of harm within a managed care setting (this includes residential care, day care, home care or a healthcare setting).

Three of these large-scale investigations were regarding concerns around the safety of residents in care homes, and one was around concerns about home care provided by a Service Provider. In each case a coordinated multi-agency response was put in place to ensure that support was given to

the service providers to ensure the safety of all service users along with a clear improvement plan put in place. Part of the plan included the review of all the residents / service users to assure that needs were being met and the correct support and care was in place. Progress was monitored closely by all professionals involved.

SECTION 3

Actions Taken over the last two years to address Risk of Harm



Leadership and Governance

In 2016, the Chief Executives of the three North East local authorities, NHS Grampian and Police Scotland North East Division Divisional Commander commissioned the Good Governance Institute to carry out a review of all public protection arrangements. The report considered the potential future governance of public protection in the North East of Scotland with a framework exploring how these new challenges could be met between statutory agencies, other partners, communities and the public, in a joint governance approach. The aim was to build confidence in decision-making for staff and be a supportive and communicative framework for the public.

The Chief Executives of Aberdeen City Council, Aberdeenshire Council, The Moray Council, NHS Grampian and the Police Scotland North East Division Divisional Commander now meet as part of a new Leaders Group for Public Protection. This links with the Executive Group for Public Protection as mentioned earlier and will provide clear and robust leadership for adult protection. Leadership and governance are also strengthened by the introduction of the Aberdeen City Council Public Protection Committee. The Public Protection Committee aims to provide assurance that statutory regulatory duties placed on the council for Adult Protection are undertaken.

The committee will seek assurance from the Adult Protection Committees on:

- 1.1 The impact and effectiveness of child and adult support and protection improvement initiatives, including:
 - 1.1.1 delivery of national initiatives and local implications;
 - 1.1.2 learning from significant case reviews;
 - 1.1.3 quality assurance;
 - 1.1.4 training and development; and
 - 1.1.5 local evidence-based initiatives;
- 1.2 Effective working across child and adult protection; and
- 1.3 Statistics relating to the Child Protection Register and the Vulnerable People's Database, whilst noting that it has no remit to challenge entries.

Quality Assurance

The introduction of a more robust Quality Assurance Framework gives assurance to both the partnership and the committee regarding the quality of adult protection work undertaken and that positive outcomes have been achieved. To enable the committee to achieve the aims and objectives, it is reliant on the presence of an effective framework to measure progress. There is the requirement to have the right indicators to monitor the early indication of harm, how we respond to harm, the quality of care/support we offer and the outcomes we achieve.

Files audited since the introduction of the framework have identified that 13% of cases were rated very good, with 69% good, 14% adequate and 3% weak. The results of QA's are considered by the Adult Protection Unit and areas for learning are considered and actions taken to enable focused and supportive continuous improvement.

An overarching quality assurance framework is now being developed based on the quality indicators from the Care Inspectorate.

Capacity Assessments

In March 2018, a Grampian short-life working group was established. The role of the group is to develop a pathway for supporting practitioners who require capacity assessments for adults at risk of harm. Membership includes NHSG Clinical Directors, a GP, a Consultant Clinical Neuropsychologist, Consultant Liaison Psychiatrist, Mental Health Officers (MHOs) and representatives from Adult Protection services in each of the three local authority areas in Grampian.

Processes

A suite of new documents has been developed to ensure that the ASP process is more streamlined, risk is identified timeously, and investigations are completed to a high standard within timescales. We have moved from a three-step process of screening, initial inquiry and full investigation to a two-step process, with a multi-agency discussion/screening stage and investigation if the adult meets, or is likely to meet, the three-point test. This should ensure more information is gathered to assist in decision-making at the screening stage and to ensure responsive action is given at the right time.

The Joint Inspection and the internal review both highlighted a lack of clarity around timescales for completion of ASP work. Timescales for the new process have been agreed as three days for the screening and 28 days for investigation. Bi-weekly reports are produced, and progress against these timescales is scrutinised. This is to prevent delays and give assurance that positive outcomes are being achieved whilst decision making is robust.

Learning and Development

A priority for the committee has been to create a culture of learning and development with the aim of ensuring staff are supported and given the right skills to undertake adult support and protection work, are able to recognise and respond to harm and safeguard and prevent harm occurring. It is recognised that adult protection casework is complex and demanding and we must ensure that staff feel supported and that strong leadership is in place.

The importance of multi-agency training can be evidenced by the NHSG joint-funded Learning and Development post that supports ASP training and awareness-raising across services. The primary purpose of this role is to develop a framework for collaborative learning in Grampian, which enables the sharing of resources and expertise, facilitates cross-boundary working across services sectors and professional groups and promotes a more progressive and integrated approach to the delivery of care, particularly in relation to public protection. The Grampian Learning and

Development Group supports multi-agency trainers across the sectors to allow consistent responses to ASP concerns.

The methods for increasing referrals focused on training, bespoke presentations to various groups and targeting specific professionals to attend ASP events. Training of staff is an important element, with the focus being to raise awareness and improve reporting of Adult Protection concerns by all staff. All recommendations from the national priority of ASP in A&E settings have been delivered in Grampian and ongoing engagement demonstrates this has been sustained since implementation.

In November 2016, an NHS Grampian Public Protection Conference was held to launch its Public Protection website and a range of 'e-cards', in place to provide guidance and support to staff and managers with the key Adult Protection information. All Public Protection strands highlight the importance of the '5R's': Recognise, Respond, Report, Record and Reflect.

NHS Grampian was also one of the pioneers using the adverse

events reporting system DATIX to assist with early identification of ASP concerns. The system incorporates prompts to staff and facilitates reporting of concerns. This approach ensures that NHS staff actively consider ASP. The ASP section has a mandatory field reinforcing the requirement to report concerns to the local authority. Adult protection concerns recorded on DATIX also provide vital data that can be used to assist with meeting the NHS legal duty to cooperate and support learning and development activity.

Taking an innovative approach to prevention and early detection of harm, the Grampian Adult Protection Working Group (GAPWG) has introduced a training programme for service users named 'Keeping Yourself Safe from Harm'. The programme raises awareness of ASP to adults potentially at risk of harm and empowers them to protect themselves. The workshops were initially focused on supporting adults with a learning disability and then rolled out to older people. Workshops have been held in Moray, Aberdeenshire and Aberdeen City and these will continue to be rolled out to as many groups as possible.

Service User Support/ Feedback

Advocacy Service Aberdeen (ASA) is a small local charity providing independent advocacy to people in the City of Aberdeen. Independent Advocacy is a way to help people have a stronger voice and to have as much control as possible over their own lives. Ensuring that people have access to independent advocacy during the adult protection process is key to enabling them to express their views about concerns, participate fully in investigations and be part of identifying solutions and planning for the future. ASP investigations often take place during difficult times in a person's life and it is important that advocacy is standing alongside the person giving them the support they need.

During the period of this biennial report ASA supported 65 people in relation to ASP (33 people with a learning disability, 12 people with a mental health issue, 14 older people and six carers). They were also involved in supporting people with complex needs living in supported accommodation after a large-scale enquiry, ensuring that they were able to take a central role in planning the future direction of the service. In addition to this, they also assisted a group of older people to express their views after a large-scale enquiry into a nursing home.

Occasionally, ASA have also supported people who are the alleged perpetrators of abuse to participate in meetings. In these cases, they have been the loved-ones of the alleged victim, who may require help to understand why their behaviour is causing concern or may need to access help to continue in a caring role. It is important that their perspective is understood.

ASA in partnership with the adult protection unit, is involved in gathering information from service users regarding their experience of the Adult Protection process. This will be analysed to improve practice and in turn experience of the person harmed, their families and carers. Areas highlighted through the feedback has resulted in steps being taken to communicate effectively regarding the process and the outcome of any investigation. It has been an ongoing challenge to gather feedback from service users and their families as often they do not always see our involvement as positive. The work with advocacy will help us to be more responsive to getting feedback through the ASP process. We are currently developing a more systematic approach to getting feedback routinely, so it will become integral to the work of the ASP Unit.

Financial Harm

The Financial Harm Sub-group continues to meet on a quarterly basis and work with partners to raise awareness of financial harm in both the public and professional spheres. The group keeps abreast of any new financial harm initiatives, both locally and nationally, and is available to undertake any work locally to ensure these initiatives are embedded.

Although there have been no large awareness raising events, as reported previously, members of the group continue to undertake smaller sessions that are aimed at the public. These events have been held in supermarkets and banks. A number of presentations to local groups have also been undertaken, as well as regular slots on local radio where raising awareness of fraudulent schemes and how to protect oneself is often mentioned.

Crime Prevention Officers regularly contact local retail premises and pass on relevant information to staff, which has prevented people becoming victim of scammers. One example was victims being stopped from buying large numbers of iTunes or similar vouchers to pay for fraudulent tax claims.

Staff at a local psychiatric hospital received training on financial matters, which was well received. It is planned to roll this training out to staff in local Health and Social Care Partnerships.

The members continue to take an active part in annual initiatives such as Scams Awareness Month, which is a month-long campaign to raise awareness of scams and fraudulent schemes, managed by Citizens Advice Scotland and the Citizens Advice Bureau, and Operation Monarda, which is a Police / Trading Standards

initiative to target and disrupt bogus trades people.

Police Scotland employs a full-time member of support staff as Adult Protection Coordinator. This is a unique role to North East Division within Police Scotland. The Adult Protection Coordinator has a strategic overview of ASP and represents the division at local and national adult protection forums. They coordinate and facilitate the development of adult protection business and its delivery. This role involves the sharing of information with partners which is documented within the Vulnerable Person's Database (VPD).

Concern Hub

During 2015/16, the Police Scotland North East Division Concern Hub piloted a new Risk and Concern model for sharing police concerns for vulnerable people. The model was refined and formally introduced nationally in January 2017.

The Concern Hub forms part of the Public Protection Unit and is responsible for the triage, research and assessment of all concern reports submitted by police officers and staff in relation to children, vulnerable adults, youth offending, and domestic abuse. Reports are submitted to the Police Scotland Vulnerable Persons Database, which facilitates the sharing of appropriate, proportionate and relevant information with partner agencies at the earliest opportunity. This ensures that care, support or interventions can be considered or provided to the most vulnerable members of our community at the time they need them.

All staff are fully trained in the Police National Risk and Concern model and have attended local multi-agency training in Adult Protection procedures.

Herbert Protocol

Closely aligned to the Concern Hub is the Police Scotland North East Division Partnership Coordination Unit (PCU), which consists of police officers and staff specialising in case conference attendance, Adult Protection as well as domestic abuse and youth offending.

PCU officers, in collaboration with Alzheimer Scotland and partners across Grampian, developed the Grampian Herbert Protocol. This was introduced in recognition of the difficulties in responding to reports of missing persons when the subject of the report was a person living with Alzheimer's. It introduced a template to be completed by family, friends or carers of such a person, detailing specific information such as a photograph and places the person frequented previously/was likely to be found.

The template is currently being introduced across care homes in the city and will also be introduced to families and across all care at home providers.

Public Protection Unit Restructure

This reporting period also saw the restructure of the Police Scotland North East Division Public Protection Unit (PPU). The new model created a pool of officers skilled in investigating all aspects of Public Protection and moved away from separate and distinct units dealing with specific risk areas only.

In addition, a revised officer shift pattern now sees improved PPU resource availability during evenings and weekends, enhancing specialist Public Protection provision and ensuring the vast majority of serious crimes/concerns are afforded specialist attention at the earliest opportunity.

Adult Protection has a Detective Inspector appointed as Portfolio Lead who is responsible for working effectively in partnership locally and ensuring national developments and good practice are considered.

The structure and processes are now well established and has integrated partnership working at its core.

Fire Safety

Scottish Fire and Rescue Service has chaired two case conferences over the past two years following fatal fires. The object of a case conference is to review the issues surrounding every fatal fire in dwellings. The intention is to provide an account of the incident to attending agencies, gather relevant information, and put in

place joint-agency interventions to prevent a similar event occurring. In recent years through joint-agency collaboration, there has been significant improvement in the Home Fire Safety Visit referral process from partner agencies. In 2015 there were 157 referrals and in 2017 673 referrals were received. The resultant visits allowed SFRS to deliver their fire safety message to the high-risk members of the community by the Community Action Team. SFRS statistics for accidental dwelling fires have shown a steady decline in recent years which is also attributed to the multi-agency approach.

ASP Champions

A Champions Network Day was held on 28th August 2017. The aim was to define the role of a Champion in ASP across health services. All Champions will be trained to module 2 in ASP training and will spend time shadowing to prepare them for the role. It has now been agreed that the role of the Champion will be rolled out across each organisation to ensure awareness and understanding of ASP is embedded within each service.

Learning from Case Reviews
Case reviews are considered a key learning tool to develop our practice and ensure better outcomes for adults at risk. The process for case reviews is followed where it is believed measures may not have been sufficient in keeping an adult safe from harm. During this reporting period the following case review was considered by the APC.

In 2016 the Aberdeen City Adult Protection Committee (APC) considered an Initial Case Review Report (ICR) following the death of Miss L. The APC supported the recommendation that the case be subject to a Multi-Agency Case Learning Review which was commissioned by the Aberdeen Health & Social Care Partnership. There was no evidence to support that any action or inaction contributed to the death of Ms L, however the case highlighted the issues that vulnerable adults can be exposed to and the need for early intervention from partner agencies. Good practice was noted and in particular it was seen that the level of involvement and investment by professionals in finding a solution to the case was extraordinary. However, it was also noted that areas of learning were identified. An extensive action plan was developed and was monitored through the APC and the Chief Officers Group.

All actions in this plan have now been completed, the consequence being that staff involved in adult protection work have a greater understanding of process when working with complex cases and the need for clear management and escalation where necessary to assist in decision-making and positive enquiry progression.

The APC is committed to learning from both local and national reviews. Any national case reviews are considered by the Grampian Adult Protection Working Group who recommend any improvements required locally.

SECTION 4

What challenges do the Aberdeen Adult Protection Committee continue to face?

A Joint Thematic Inspection of Adult Protection led by the Care Inspectorate was undertaken across six authorities commencing at the end of 2017. The report published in July 2018 gave 15 key messages for improvement but also highlighted several challenges for partners across Scotland in relation to ASP. The challenges highlighted had already been identified by the committee and it is noted that many local authorities across Scotland face the same challenges. The committee will work to reduce the impact of these challenges in Aberdeen.

Complexity of work –

The inspection report states: 'Adult protection work is complex and challenging. It is all about marginality and balance. The rights of adults at risk of harm to self-determination and choice must be balanced with the need to keep them safe and protect them from harm. Staff working in adult support and protection skilfully walk a tightrope between risk mitigation and positive risk enablement.' The committee will therefore ensure that all ASP partnership staff are trained and supported and fully aware of processes. The committee will also ensure that systems are clear, simple and well defined.

Role of health –

The inspection noted the increased contribution of health staff in both the strategic and operational ASP activities, but it was felt that further progress is required. The committee is committed to have a strong presence on the committee and sub-groups that will continue to increase the contribution of all health staff, particularly GP and Acute, in keeping adults safe from harm in Aberdeen.

Involvement, consultation, and measurement of outcomes for adults at risk of harm –

The inspection noted that partnerships sought the views of adults at risk of harm and carers but felt that more work was needed in this area. The report states: 'When adults at risk of harm have reached the end of their adult support and protection journey, partnerships should ask them about their experience and the difference this has made in their lives.' The committee will improve systems for collating the adult at risk and their carer's experiences of ASP; this information will be used to improve services.

Dealing with financial harm –

The inspection report states: 'There was an increasing positive involvement of trading standards and the banking and financial sector to tackle the pervasive problem of financial harm to vulnerable adults. Tackling financial harm can be a complex and time-consuming activity, with a requirement for specialist skill set.' The committee, through the Financial Harm Sub-group, will be effective in dealing with financial harm by increasing safeguards to prevent financial harm and act to stop the harm.

Advocacy –

The inspection noted that independent advocacy has a vital role to play in adult support and protection. Section 6 of the Act places a duty on councils to consider the provision of independent advocacy for adults at risk of harm. The report states: 'Equality of access to advocacy for all adults at risk of harm is important.' The committee will ensure that the benefits of independent advocacy are recognised, that decisions regarding advocacy are recorded and monitored.

Information sharing –

The inspection noted that, despite some promising development in some areas, electronic information-sharing between social work and health was patchy and problematic, despite integration and the development of health and social care partnerships. The report states: 'Partnerships need to surmount the legal, procedural and cultural barriers that prevent social work staff and health staff accessing key electronic repositories for information and intelligence about adults at risk of harm.' The committee will ensure that whilst non-sharing of electronic records continues, information about adults at risk of harm is shared appropriately through other means. The creation of Aberdeen City Council's Business Intelligence Unit will ensure that the data held by partner agencies is transformed into intelligence that can be acted upon jointly.

Case conferences –

The inspection noted that Adult Protection Case Conferences are invaluable and noted concerns about attendance of key ASP partners. The report states: 'Given the importance of adult protection case conferences, it is crucial that all relevant partners attend these forums and partners are well briefed about the nature of the adult protection concerns. Quorate adult protection case conferences, where the views of all relevant partners are represented, best ensure adults at risk of harm are safe, protected and supported.' The committee will ensure the case conferences are effective by monitoring participation by the key ASP partners.

Capacity assessments –

The inspection noted the delays in obtaining a capacity assessment could be problematic where the capacity assessment would quickly establish the correct route to secure the safety and wellbeing of the individual. The report states: 'Partnerships may wish to consider obtaining an agreement with the relevant clinicians about timescales for carrying out assessments.' The committee, through the Capacity Sub-group, will ensure that capacity assessments are undertaken consistently and timeously.

Chronologies, risk assessments and risk management –

The inspection noted the inextricable link for chronologies, risk assessment and effective risk management. The report states: 'A comprehensive, up-to-date and well-balanced chronology should underpin the associated risk assessment and risk management or protection plan.' The committee will ensure that systems and support are available to allow staff to develop a suitable and up-to-date chronology, risk assessment and protection plan for all adults at risk of harm.

Significant case reviews and initial case reviews –

The inspection noted the importance of partnerships undertaking case reviews where an adverse occurrence has occurred. They felt that 'partnerships should adopt a proactive approach to case reviews as a means of learning and improving. The lessons learned for case reviews are widely disseminated and incorporated in improvement plans. Execution of related improvement activity should be robust a timely.' The committee will continue to effectively monitor case reviews and ensure improvement plans are implemented timeously.

Harm to self and self-neglect -

The inspection noted that supporting adults at risk to self and self-neglect is an area of developing practice. It commented on the role that advocacy and the third sector have to support these individuals. The report states: 'In the future, partnerships are likely to find innovative, least intrusive ways to support adults at risk for self-harm and neglect that make them safe, enhance their wellbeing and improve their quality of life.' The committee will explore the need to assess the partnership's effectiveness relating to self-harm and self-neglect.



SECTION 5

**What is the
Adult Protection
Committee's
focus going to
be over the next
two years?**

The work of the Committee over the next two years will focus on the improvements already identified, with further improvements to be identified by a local self-assessment. The inception of a risk register for the Adult Protection Committee will form the basis of the Improvement Programme 2018-20. The programme will include:

- Training
- Information sharing;
- Performance Management Framework across all partners;
- Role of Health in ASP processes and attendance at case conferences;
- Involvement, consultation & measurement of outcomes for adults at risk of harm;
- Awareness-raising with communities;
- Dealing with financial harm;
- Capacity assessments;
- Chronologies, risk assessment and risk management;
- Significant and initial case reviews;
- Harm to self and self-neglect, including hoarding
- Ongoing review of risk register

As advised, the joint inspection for ASP gave 15 key messages for improvement. In response to a request from the North of Scotland Leaders Group for Public Protection, a cross-partner approach was taken on a Grampian basis to consider the findings and identify key learning themes. Over the next two years the following five priorities will be taken forward by the Grampian Adult Protection Working Group to ensure an efficient and effective use of resource across areas of commonality. These are:

- Systematically measure outcomes for adults at risk of harm and their carers;
- Key processes for adult support and protection are as clear as possible so stakeholders understand them;
- Clear, unambiguous, timescales for the completion of work related to each phase of the adult protection process;
- Chronologies, risk assessments and risk management plans are crucial to keep adults at risk of harm safe;
- Required partners should attend adult protection case conferences, particularly police and health.

The following work streams have also been recognised as ongoing priorities which will continue to be taken forward on a Grampian basis:

- **Learning and development**

Currently the group are reviewing second person training to encourage more health colleagues to participate in this part of the ASP process, aid integration and support a better understanding of differing roles under the legislation.

A significant review of the training needs of NHS Grampian staff has been undertaken following a multi-agency case review in another part of Grampian. The learning from this case review will require delivery of refreshed bespoke training to NHS staff working in Aberdeen community and hospital settings.

A review of trained Council personnel has identified service areas where staff training would offer a potentially significant improvement to Adult Support and Protection across the City, and this will be pursued over the next two years.

- **Financial harm**

The Financial Harm Sub-group is keen to forge more substantial links with financial institutions throughout the Grampian area on a regular basis and is currently exploring the possibility of engaging with staff from several financial institutions on a bi-annual basis. The group is also keen to re-engage with the third sector.

The Financial Harm Sub-Group understands from the Joint Inspection of Adult Protection Services that financial harm is a priority across many parts of Scotland. It also recognises that good practice highlighted in the inspections of other local authorities offers a learning opportunity that can support further strengthening of the work across Aberdeen and Grampian. This is an area that will continue to be a priority over the next two years.

- **Capacity Assessments**

In response to the Forth Valley MAPPA/ASP Significant Case Review, two Grampian multi-agency case reviews and more recently highlighted in the national joint inspection, issues regarding difficulty in accessing capacity assessments, with particular concerns regarding requests for urgent capacity assessments, have been identified across Grampian.

A multi-agency group has been convened to develop a pathway for supporting practitioners who require capacity assessments. Membership includes NHSG Clinical Directors, a GP, a Consultant Clinical Neuropsychologist, Consultant Liaison Psychiatrist, Mental Health Officers and representatives from Adult Protection services in each of the three local authority areas in Grampian. This is a Grampian partnership initiative and the Short-Life Working Group chaired by NHSG's Adult Protection Lead.

The aim of the group is to ensure pathways for capacity assessments are fit for purpose and align with guidance to front-line practitioners when making referrals, develop criteria and support the fast-tracking of urgent capacity assessments, and encourage strong working partnerships so that capacity assessments are robust and fit for purpose.

To strengthen and support an effective multi-agency response to requests for capacity assessments, the following (based on documentation used in NHS Lothian and Forth Valley) has been drafted:

- Grampian Capacity Referral Form;
- Grampian Decision-Specific Screening Tool (requires to be provided with completed referral form);
- Grampian Capacity Pathway.

It is acknowledged that, for all partners keeping people safe from harm, one of the most challenging groups of people to protect are those whose decision-making ability is unclear and it may not always be possible to determine capacity and, on occasions, it may be necessary