

# Inverclyde Adult Protection Committee



## Biennial Report 2018 - 2020

<b>1. Executive Summary.....</b>	<b>4</b>
<b>2. Inverclyde Supplementary COVID Strategy.....</b>	<b>5</b>
<b>3. Adult Protection Committee.....</b>	<b>6</b>
3.1 Independent Chair of the APC .....	6
3.2 Quality and Policy Sub Group.....	6
<b>4. Cooperation between Public Bodies and Office Holders .....</b>	<b>7</b>
4.1 HSCP.....	7
4.2 NHS GGC .....	8
4.3 Police Scotland .....	8
4.4 Scottish Fire and Rescue Service (SF&RS).....	8
4.5 Inverclyde Council Environmental and Public Protection Trading Standards .....	9
4.6 Domestic Abuse Multi Agency Risk Assessment Conference (MARAC).....	9
<b>5. Communication and Engagement (Involvement of Service Users and Carers and Public Information).....</b>	<b>10</b>
5.1 Adult Protection Committee Membership .....	10
5.2 Service User and Carer Evaluation .....	10
5.3 Advocacy.....	10
5.4 Public Information.....	11
5.5 Outcomes .....	11
<b>6. Management Information .....</b>	<b>13</b>
6.1 Adult Protection Referrals.....	13
6.1.1 Source of Referral.....	14
6.1.2 Outcome of Referrals .....	15
6.2 Investigations.....	16
6.2.1 Gender.....	16
6.2.2 Age Groups .....	17
6.2.3 Client Categories .....	18
6.2.4 Principal Category of Harm.....	19
6.2.5 Location of Harm .....	20
6.2.6 Sources of Harm.....	20
6.2.7 Outcomes of Investigation.....	21
6.2.8 Types of case Conference.....	22
6.3 Protection Orders.....	22
6.4 Initial and Significant Case Review (ICR and SCR) .....	23
<b>7. Policies and Procedures .....</b>	<b>24</b>
7.1 Inverclyde Social Work Services Adult Protection Policy, Practice Standards and Operational Procedures.....	24

7.2 ICR/SCR.....	24
7.3 Greater Glasgow and Clyde Health Board.....	24
7.4 Police Scotland .....	25
7.5 Large Scale Investigations.....	25
7.6 Good Practice Guidance.....	25
7.7 Good Practice Guidance and Care Home Providers.....	25
<b>8. Learning and Development.....</b>	<b>27</b>
8.1 Council Officers and HSCP Staff.....	27
8.2 Adult Protection Procedures Course .....	27
8.3 Adult Protection Recording and Defensible Decision Making Course.....	27
8.4 Adult Protection Learning Events .....	28
8.5 NHS Greater Glasgow and Clyde (NHSGGC) Training.....	28
8.6 Police Scotland .....	29
8.7 Scottish Fire and Rescue (SFRS) .....	29
8.8 Inverclyde Adult Protection Committee Training Statistics.....	29
<b>9. Quality Assurance .....</b>	<b>30</b>
9.2 Key Strengths.....	30
9.3 Key Improvements .....	30
<b>10. Overarching Strengths and Areas for Improvement .....</b>	<b>33</b>
10.1 Communication and Engagement .....	33
10.2 Quality Assurance and Self Evaluation.....	33
10.3 Learning and Development.....	33
10.4 Policies and Procedures.....	33
10.5 Leadership .....	33
10.6 Collaboration and Developing Best Practice.....	34
<b>11. Appendices.....</b>	<b>35</b>
11.1 Source of Referral Breakdown .....	35
11.2 Inverclyde Adult Protection Committee Business Plan 2020 – 2022.....	36
11.3 Inverclyde Adult Protection Committee Training Statistics.....	47

# 1. Executive Summary

I am pleased to attach the Biennial report for the period 2018-2020, my first as Independent Chair in Inverclyde. My thanks go to the committee and its members and to the partner organisations for their assistance in its production, and the Adult Protection Team who hold and direct activity so ably.

The report is written at a time of considerable uncertainty and difficulty due to the continuing effect of Covid-19 and its effects on health and well-being of our population. The Health and Social Care Partnership has responded well to safeguarding issues and to the wider impact on services such as care homes, in a joint and committed endeavour by partners. Adult Support and Protection activity has continued to respond to issues in a safe and considered manner and data on involvement and engagement is reassuring, with a strong commitment to partnership working. There are challenges in the Inverclyde demographic, but a huge commitment to voluntary and community engagement which has been evident since my start in social care and health services in the 1970's.

The Biennial report, while covering the past two years, evidences the amount of work and dedication to supporting the vulnerable, and through audit and reflection sets the way forward for the next two years.

We hope to be able to complete the outstanding Inspection programme and will use learning from this to enhance our response. We will contribute to the review of the Adult Support and Protection Act, the Mental Health (Care and Treatment) Act and the Adults with In capacity Act in the coming year and to the review of the Code of Practice.

We will also complete a Significant Case Review into the disappearance of a young woman, widely reported in the media and court coverage.

However, our immediate focus will be within Inverclyde, supporting the general population, supporting our dedicated staff, and ensuring the effects of Covid-19 are managed and mitigated to the best of our abilities, supported by the Chief Officers Group, Public Protection which brings the protection agenda together across the partnership.

Alex Davidson  
Independent Convenor

## 2. Inverclyde Supplementary COVID Strategy

At the time of writing the Biennial report, we are now a good way into the 'new normal' of Covid-19 adult support and protection, and the support function in the Act seems more important than ever, as Glasgow and two other west of Scotland authorities press the lockdown button again. The new normal would appear to be that this will be a continuing pattern until we get a vaccination and test and trace at the appropriate local level.

However, we need to reset our involvement, not forgetting what is important in our work, relationships and trust, good co-produced solutions, and local community engagement and support, and I was struck by a comment from a Kings Fund report into mental health services in England, 'It does feel that we are at a crossroads of how services are going to meet both current and future needs...the health and care system cannot go back to 'business as usual' following this pandemic; a thought that leaves you apprehensive...but also optimistic'(Ken Taylor, Service User Representative, Mental Health Network Board).

The adult protection committee partners are committed to this developing agenda, and work is ongoing to better understand expected demand, and the impact in different areas and on different individuals and communities. This needs to recognise the challenges of the geography and demography in Inverclyde and be able to flex to meet need. Developed ties to colleagues in third sector, and to those support organisations which have developed in relation to local needs will be critically important as we experience the expected impact of the pandemic on mental health, patterns of alcohol use, self-harm and suicide, and trauma arising from the individual and collective experience of the pandemic and its impact on relationships.

The use of electronic and digital resources while important, needs to be considered in the light of the experience and views of service users, and considered when we decide what to keep, develop or discard as we build resilience in the new normal for adult *support* and protection.

The Committee are developing a recovery plan, committed to resilience and which will feature more fully in the strategy for 2020-22. Central to this will be:

- Service user engagement, best practice in virtual meetings and a concern for relationships
- Developing a recovery plan and risk register which understands and interprets new challenges in mental health, addictions, domestic abuse and in safeguarding areas.
- Communication and development of support mechanisms, appropriate and safe social media usage
- Reset forms of engagement recognising the impact of trauma, and of building relationships in adult protection work
- Continuing support to independent providers in care settings and in care at home
- Developing the training and staff development agenda in new ways
- Developing a committed human rights approach in support and protection activity.

# 3. Adult Protection Committee

The principal functions of the Adult Protection Committee (APC) are to promote the support and protection of adults at risk of harm through strategic planning, leadership, agreed priorities, objectives and actions.

The APC leads on developments and improvements in the following key areas:

- Procedures and practice;
- Skills and knowledge;
- Information and advice;
- Co-operation;
- Continuous Improvement.

The membership of the committee includes all the statutory bodies with a role to play in adult protection along with the voluntary sector and Third Party service providing organisations. Representatives of the Mental Welfare Commission, Office of the Public Guardian, Care Inspectorate, and Health Improvement Scotland are invited to attend, with minutes being sent out to all agencies.

The membership of the APC is kept under review to ensure that as the body of evidence around adult support and protection matters evolves, agencies who contribute to the local agenda are represented. The lack of links with Scottish Ambulance Service (SAS) was acknowledged as an area that required to be addressed and representation has recently been established.

The APC continues to work to a Biennial Business Plan which accompanies each Biennial Report. The plan is reviewed and updated as part of the business of the Committee and the Quality and Policy Subgroup.

## 3.1 Independent Chair of the APC

Mr Alex Davidson was appointed as chair of the APC in 2019 following the retirement of the previous chair.

## 3.2 Quality and Policy Sub Group

The APC viewed that leadership for operational and strategic collaborative working among key agencies required to be strengthened. The outcome from these discussions was the establishment of the Quality and Policy Subgroup in 2018. This is held 6-weekly and works to an action log that is reviewed and updated at each meeting.

As set out in the Constitution, the identified actions from the Business Plan and Action Log are progressed by working groups or task and finish groups. Membership for each is agreed by the Quality and Policy Subgroup on basis of having right knowledge, skills and experience to effectively progress the action required.

## 4. Cooperation between Public Bodies and Office Holders

The Quality and Policy Sub Group is the key forum for progressing operational and collaborative working among social work, police, health and other partners for adult support and protection. This is chaired by the Head of Health and Community Care. Membership comprises senior managers with frontline responsibilities from key partner agencies to ensure leadership for operational and collaboration on adult support and protection matters.

An action log has been developed to identify specific actions required at operational level to continue to improve this collaborative approach. This is reviewed at each meeting and provides an overview of all actions and agreed progress.

Good practice in adult support and protection requires a mutual understanding of each organisation's statutory and legal responsibilities, effective communication and cooperation.

This is supported by the partnership at a strategic and operational level through:

- Staff operating with single policies and procedures and multi-agency guidance,
- Staff access to single and multi-agency training and learning and development opportunities ,
- The quality assurance framework to evaluate performance.

Over the last two years the APC has continued to work to ensure that partner processes are aligned in order to improve the recognition, referral, assessment and response to adults at risk of harm and to improve communication and cooperation.

Whilst the statutory responsibility to apply the 3 point test rests with the Local Authority, arriving at a decision of 'knowing or believing an adult is at risk of harm' requires partner agencies including health and police staff to consider their concerns in the context of the 3 point test.

### 4.1 HSCP

The HSCP Access 1st is now established and is the single point of contact for adult protection referrals and concerns. Access 1st staff screen, triage and direct referrals to the appropriate officer (and their Team Leader) in order to allow for the correct decision around progressing under adult protection, other legislation and established processes; or taking no action to be made. In line with the Inverclyde Adult Protection Policy, Practice Standards and Operational Procedures, the Access 1st Team Manager alerts the Duty or Allocated Team Leader to circumstances where there are accumulating concerns as a result of a number of concerns being raised for the same person over a short period. To support professional judgement and existing good practice, triggers for these alerts will be formalised with the review of the Inverclyde Adult Protection Policy, Practice Standards and Operational Procedures.

Inverclyde has had an integrated body since 2010. Therefore Community Care Teams are integrated and co-located within a single management structure. Health and Social Work Teams are managed by a single manager at Service Manager level and above. This allows for flexible communications between professionals within Teams and between Teams. The sharing of adult protection concerns by HSCP health are more likely to be raised in the first instance with Social Work Staff by telephone or in person. This is formalised on the completion of the AP1 Form.

The establishment of a locality meeting has enhanced and strengthened the communication in relation to service users who have complex needs, welfare concerns and/or ASP concerns. HSCP Team Leaders meet weekly and in cases of ASP ensure colleagues are

aware of the concerns and can contribute to information gathering process as well as support.

## **4.2 NHS GGC**

The NHS GGC and HSCP processes are aligned. NHS GGC adult protection referrals are received electronically to a secure Inverclyde adult protection email address.

The NHS GGC ASP Liaison meeting provides a forum to progress improvements in terms of supporting collaborative working for adult protection between acute services and the HSCP at both a strategic and operational level. The work of this group is fed into the Inverclyde APC. This includes inputs and presentations as to the work being undertaken and progressed.

## **4.3 Police Scotland**

The Police Scotland Risk and Concern Project ensured there are processes in place for the screening of Police Adult Concerns Reports to identify those concerns which are considered as being in respect of an 'adult at risk' as per the legislative criteria. The Police Scotland process includes application of the Resilience Matrix.

Police Scotland and Inverclyde Social Work processes are aligned, with Police Adult Concern reports being received electronically via EGRESS.

The K Division Concern Hub covers Inverclyde and Renfrewshire and aims to provide, swift and robust assessment of concerns, through accurate recording of information, proportionate research and informed decision making by trained staff enabling early and effective intervention to keep people safe.

On every occasion where the information suggests that an adult has been, is being or there is a likelihood of abuse or neglect and the adult may meet the 'three point test' the Concern Hub will share this with the HSCP.

Police Scotland consider their Escalation Protocol depending on the level of risk identified or if there are a number of concern reports raised within a short timescale.

## **4.4 Scottish Fire and Rescue Service (SF&RS)**

Work has been underway to improve collaborative working in Inverclyde with SF&RS. There are two main drivers:

- Improve the quality and pathway for adult protection and adult in need referrals and feedback;
- Improve collaboration and information sharing in response to four fire fatalities within a short period of time.

Since August 2018 SF&RS has developed and delivered a bespoke training package on Fire Safety Education Training. The training delivered to date has been aimed at upskilling 560 homecare staff and partners in Inverclyde on fire awareness education, and the Home Fire Safety Visit referral process direct to the Inverclyde Community Action Team.

The HSCP supported a SF&RS request for £5000 of funding to purchase fire safety in the home equipment. December 2019 saw the completion of the Home Fire Safety Visit Information Sharing Agreement. The purpose of these is to maintain the health and safety of residents within Inverclyde who have a higher vulnerability to fire risk due to their health and social care needs, this will allow SF&RS staff to risk assess any increased safety risks for



staff and residents prior to attending call out to the home. Since this collaborative approach there have been no fire fatalities.

To further support the collaborative partnership working an internal review was carried out by SF&RS of their AP1 submission process to HSCP. This review identified some key issues.

This has resulted in:

- Improvement in the quality of AP1 submissions,
- Ensuring AP1s capture the wider risk and not just from fire,
- Provision with further training and support for frontline crews,
- Provide HSCP secure encrypted 2-way email process (GDPR Compliant).

Local SF&RS have confirmed that this pilot project to improve the process and protocol for adult protection referrals is a first for SF&RS. SF&RS are undertaking an evaluation of this collaborative approach which will be shared at a national level.

#### **4.5 Inverclyde Council Environmental and Public Protection Trading Standards**

Whilst Trading Standards are not represented at the APC there is an established history of joint working in two key areas:

- Trading Standards and Adult Protection Coordinator screening of the monthly scam list provided by the National Scams Team. This allows for the correct identification of local victims who may still be at risk and to provide appropriate follow up advice and support to them when needed.
- Development and delivery of two half day Financial Harm courses in conjunction with Police Scotland. One course is available to staff and volunteers from any agency or organisations and the second is specifically for Inverclyde Home Care staff and is delivered as part of their induction programme (Section 8.1).

#### **4.6 Domestic Abuse Multi Agency Risk Assessment Conference (MARAC)**

MARACs are recognised nationally as best practice for addressing cases of Domestic Abuse at very high risk of serious harm and Domestic Homicide. The Inverclyde MARAC has been operational in Inverclyde since 2013. MARAC's are held monthly. All appropriate Public Agencies are represented by Strategic Leads working together to achieve this outcome. For HSCP Adult Services the Strategic Leads include representatives from Addiction, Mental Health and Homeless Services and the Adult Protection Coordinator.

MARAC Inverclyde Operating Protocol was reviewed and agreed in January 2020. The Operating Protocol sets the interface with the broader public protection agenda including adult support and protection legislation. Using the MARAC process and knowledge and expertise of different agencies, the identified risks will be either reduced or managed in the most appropriate way.

# 5. Communication and Engagement (Involvement of Service Users and Carers and Public Information)

## 5.1 Adult Protection Committee Membership

The APC has been operational since 2009. The membership has included Service User and Carer Representatives since 2010.

Support is provided to the representatives by Your Voice, a local third sector organisation commissioned to support service user and carer involvement in the planning and service delivery of health and social care in Inverclyde, including Adult Support and Protection.

## 5.2 Service User and Carer Evaluation

A new approach to Service User and Carer Evaluation has been developed by a short life working group. This included representatives from across partner agencies and the Care Inspectorate to support the development of the Terms of Reference and templates including a questionnaire.

At the start of 2020 the planned evaluation was underway with representatives from Compassionate Inverclyde and River Clyde Homes undertaking conversations with Service Users and Carers to evaluate the ASP process from their perspective. The independence of these agencies supports impartiality and prevents any potential conflict of interest. However due to the pandemic this evaluation has been suspended. As part of the 2020/2022 Business Plan, the short life working group will reconvene with the aim of developing a plan to progress evaluation that will include capturing the experience of service users and carers during the pandemic to inform best practice.

## 5.3 Advocacy

The HSCP commission an Independent Advocacy Service to support adults at risk. The Inverclyde Social Work Services Adult Protection Policy, Practice Standards and Operational Procedures outline the importance of advocacy support (Section 7.1). This ensures that the HSCP is applying the ASP principles, the adult is independently informed of their rights, their views are sought and they are supported to put their views across.

Day 2 of the Procedures Training, Principles, Engagement and Risk Assessment, has advocacy as a specific section of programme covering the principles, standards and types of advocacy and the importance of its role in engagement with adult at risk (Section 8.2).

The 2018 ASP audits clearly identified use of advocacy both formal and informal in all stages of AP investigation (Section 9).

The ASP audits undertaken in 2019 identified a broader definition of advocacy type support. This included evidence of where non abusing friends, family or staff from care providers were able to provide support to adults in line with the wishes of the adult.

Key strengths included the majority of adults or their proxy views were sought; where this was not done the reasons given were viewed as entirely appropriate.

For both the Mental Health & Addiction audits the access to advocacy evaluated well as the Council Officers understood advocacy as a specific service provision. This is given a shared

understanding as to what is meant given requirements for independent advocacy under mental health legislation.

The procedures identify that adults at risk of harm should be involved in the investigation, initial case conference and review case conference. Chairs' Training has strengthened the importance of adapting the situation to ensure the adult as far as possible is invited to and can participate in the actual Case Conference (Section 8.4). This includes use of advocacy. This will be reviewed in the next audits.

#### **5.4 Public Information**

As a Service User and Carer Representative who was a member of Adult Protection Committee stated "Adult Support and Protection is really difficult to explain to people". In developing our approach to communication and engagement the material we have has been developed with service users and carers to try to ensure it is as accessible as possible in order to improve public awareness of adult protection.

A range of local service user and carer focus groups have taken place to develop the suite of current ASP leaflets. Easy Read versions were developed in conjunction with Central Advocacy Partners.

A focus group which included local service users and carers was central to the development of the 10 Adult Protection Understanding Harm DVDs which were based on the experience of adult's at risk of harm in Inverclyde. The purpose was to improve public recognition of harm and to encourage the public to seek help and support. The focus group also included a Speech and Language Therapist working in Learning Disability Services to ensure accessibility. They are available to view on Inverclyde Council YouTube Channel, Information Screens in HSCP buildings and GP surgeries.

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

The DVDs are used in ASP training such as the Financial Harm Awareness Course. K Division, Police Scotland also uses the DVDs in training they deliver such as local Third Party Reporting /Hate Crime Training.

Permission for the use of the DVDs was given to APCs across Scotland. Some took the opportunity, along with their learning and development colleagues and have attended Inverclyde APC Training and Events to enable them to utilise the training and learning resources in their own partnership areas.

The APC has been considering ways to refresh the approach to local publicity. On behalf of the APC, Your Voice developed and delivered a Twitter Campaign on Financial Harm. A series of twitter images were developed with a range of Twitter Text to accompany. A Tweet Reach Flash Report has been produced monthly between September and December 2019 to measure the impact of #adultprotectioninverclyde. These reports are considered by the APC.

#### **5.5 Outcomes**

Given we have been unable to fully progress the refreshed approach to the Service User and Carer Evaluation the two main current sources of evidence for this are from our work in respect of 'Policies and Procedures' and 'Quality Assurance' ( Sections 7 & 9).

This is on the basis of it being recognised that if policies, procedures and guidance are robust and process followed then there is an expectation that this will support good

outcomes for adults at risk. The section on Policies and Procedures in this report highlight the work done and progress made with this area of work.

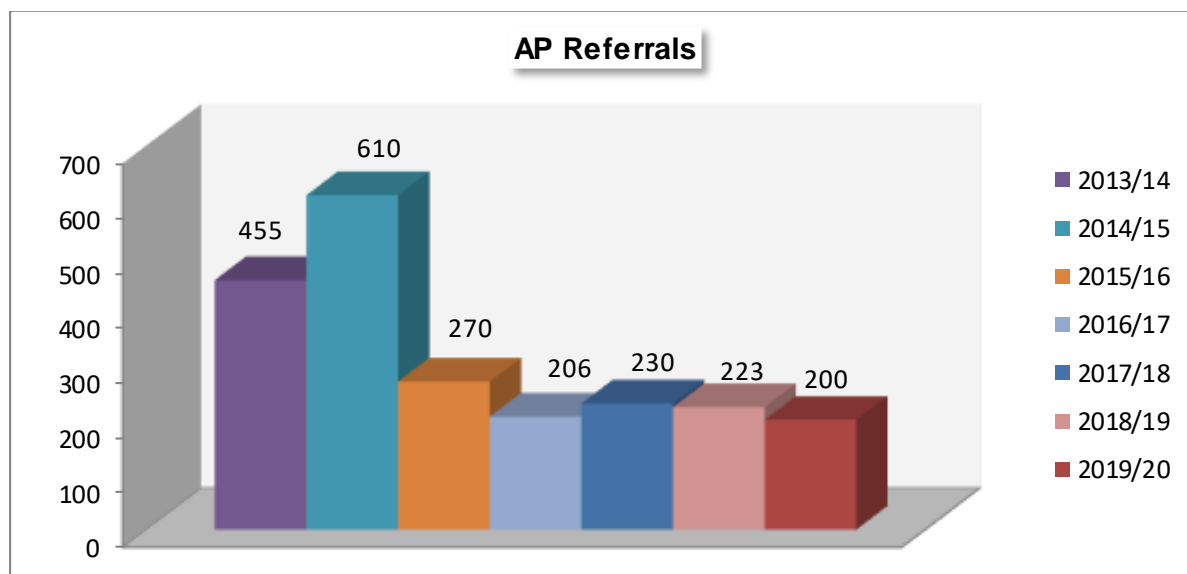
Given outcomes for adults are largely within the narrative of case records, and adult protection and other documents; analyses of outcomes to date have been captured from audits. The Quality Assurance section in this report highlights our programme of self-evaluation and audit; and main key strengths and areas for improvement.

## 6. Management Information

### Management Information Systems

All paper case files have moved onto Electronic Management Systems. These are SWIFT, CIVICA and EMIS (Health system). Team Leads and Council Officers working in services that use EMIS also record in the SWIFT Adult Protection Module. This is to ensure current, historical and accumulating protection concerns; and resulting actions and decisions are visible across all services to staff fulfilling statutory functions under Part 1 of the Adult Support and Protection (Scotland) Act 2007.

#### 6.1 Adult Protection Referrals

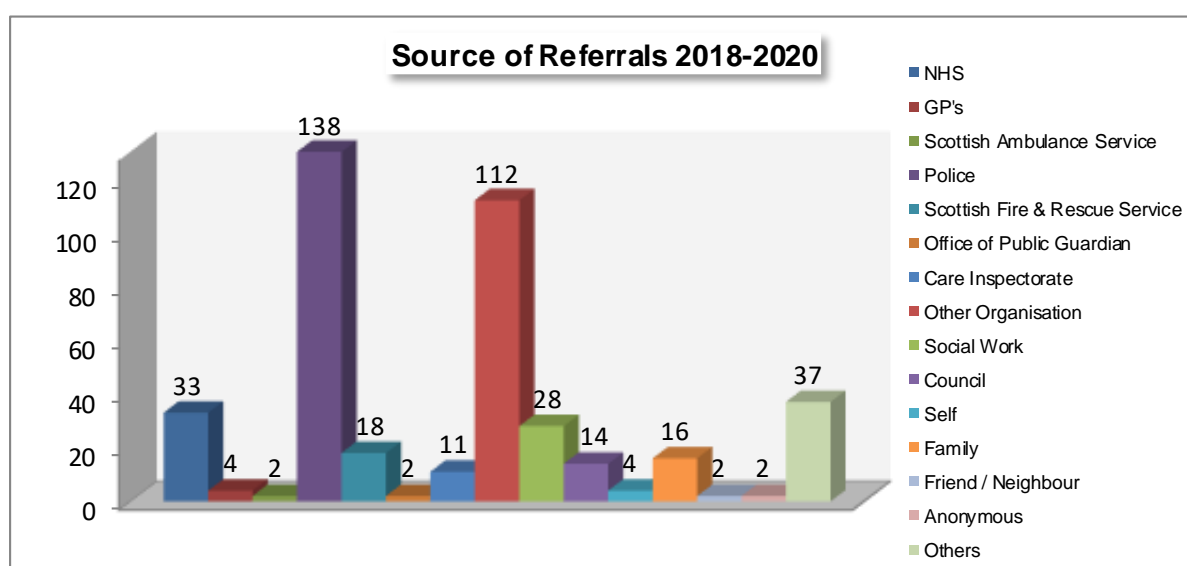
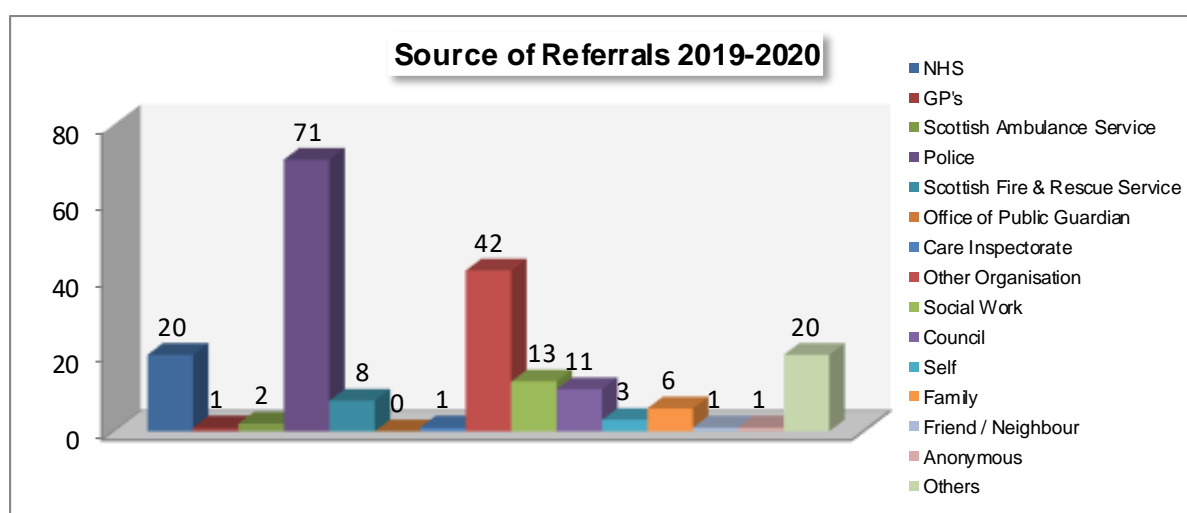
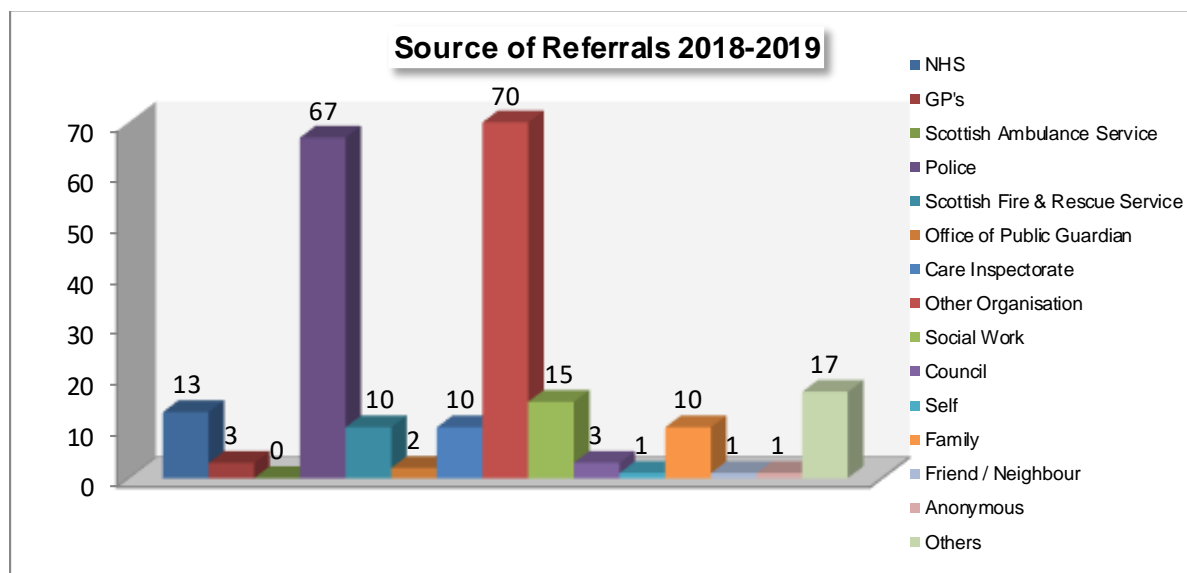


As identified in previous Biennial Report the annual referral rate rose from 87 referrals per year to 427 between 2009 and 2011. Thereafter till 2014 the referral rate remained fairly consistent averaging 436 per year.

Given Police Scotland is the primary source of referrals any changes made by them impacts significantly on referral rates. In 2013, Police Scotland introduced the Vulnerable Persons Database and this went live for Inverclyde in the March with them sharing both adult protection and adult wellbeing concerns. This resulted in 2014/15 being a year where adults referred under the auspices of adult support and protection increased by 34%.

It is recognised that the police are increasingly coming into contact with vulnerable people. This is as a result of higher numbers of people living and being cared for in the community, an aging population and an increase in the number of adults they come into contact with who have or may have mental health issues. Whilst the overall number of police adult concern reports for Inverclyde is increasing, the number of adults assessed as meeting the criteria for adult support and protection has reduced since 2014/15. This reduction followed police receiving additional training and inputs from the Police Public Protection Unit in respect of risk assessment and submission of adult concern reports. Over the period of this Biennial Report the police process has been subject to further review to ensure General Data Protection Regulation compliant. This may have contributed to the 2.75% reduction in adult protection referrals for 2018/2020 compared with previous period of 2016/2018.

### 6.1.1 Source of Referral



Sources of all AP referrals have only been reported on since 2014 following the introduction and population of the AP Swift module. The 'source of referral' is recorded on the basis of the first source to make the referral regarding an adult at risk. In some cases there may have been more than one referral from different sources.

Overall as for previous Biennial Reports the police continue to be the primary source of referral of adults at risk of harm in Inverclyde and this is replicated nationally. Police Scotland submits Adult Concern Reports where there are concerns regarding an adult. For 2016-2018, 248 Adult Concern Reports received were marked as adult protection and for 2018 -2020 this was 138. Whilst this equates to a 44% decrease the overall number of Adult Concerns including wellbeing/welfare concerns remain similar.

Given the range of dropdown options available and required within SWIFT for all service areas the 'sources of referral' applicable for adult protection are grouped for 'NHS', 'Other Organisations' and 'Social Work'. A full breakdown is at Section 11.1.

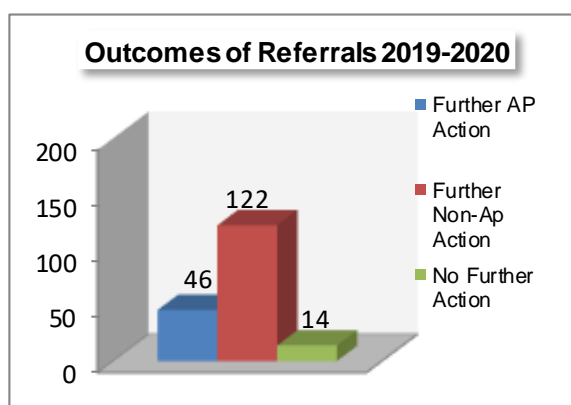
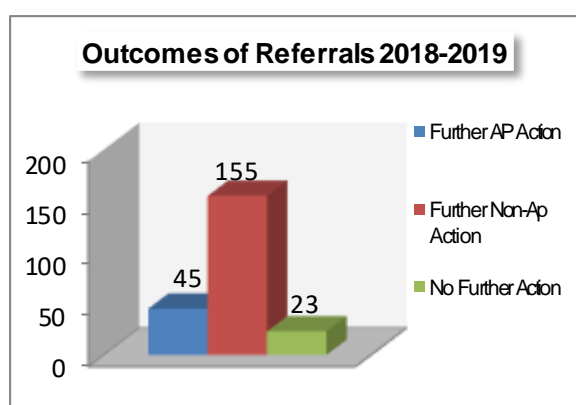
Other organisations' are the next primary source. Whilst referrals from 'other organisations' have reduced between 2018/2019 and 2019/2020 they account for 112 of the referrals made. This being a 100% increase when compared with the figures for 2016/18 Biennial Report.

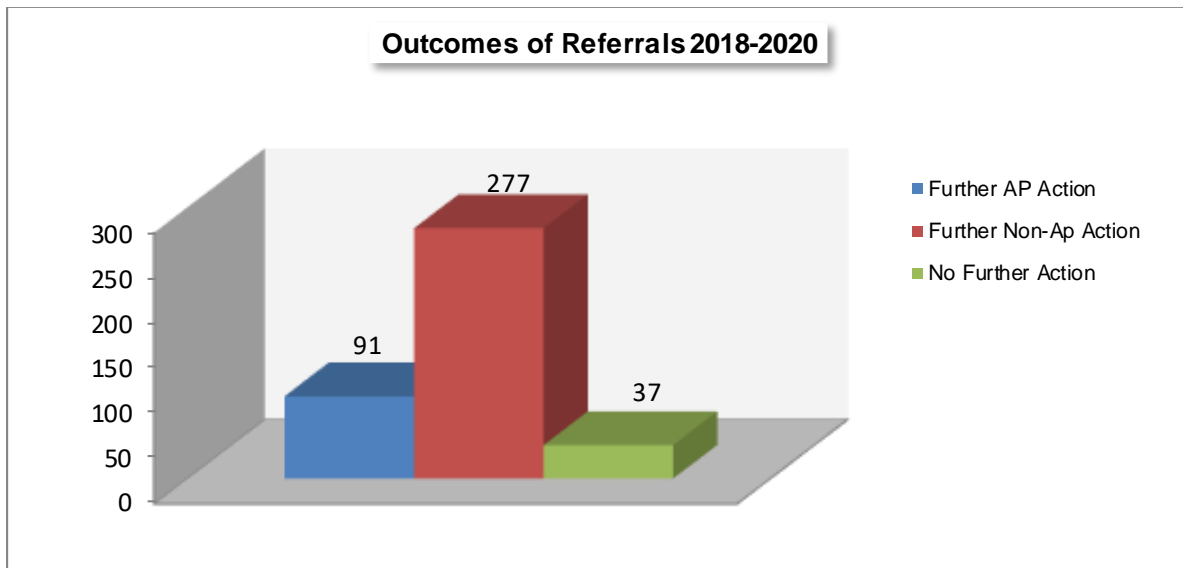
Referrals from care homes have accounted for 88 of these referrals with 20 progressing to investigation (Section 6.2.5). Since 2016-2018 care homes as a source of referral and as a location for investigation has increased, up 50% and 40% respectively. It is not known if all investigations located in care homes arose from referrals made by care homes.

The reasons for this increase has not been determined but during the period of this Biennial Report, the Care Inspectorate augmented their adult support and protection processes, Good Practice Guidance in Joint Working between Inverclyde Adult Protection Committee and Care Home Providers in Inverclyde (Section 7.7) was reviewed in conjunction with local care homes and the Care Inspectorate ;and the delivery of the Adult Protection Awareness Course(Sections 8.1 & 11.2)has been supported by a local care home manager.

Health (GP, NHS and Scottish Ambulance Service) referrals accounted for 39 of all referrals made. For the period of the 2016-18 they accounted for 43 of the referrals made. This equates to a 9% decrease and the potential reason for this is with integration and integrated teams it is potentially less likely that Health staff are submitting AP1s and concerns are being raised directly with social work colleagues.

### 6.1.2 Outcome of Referrals



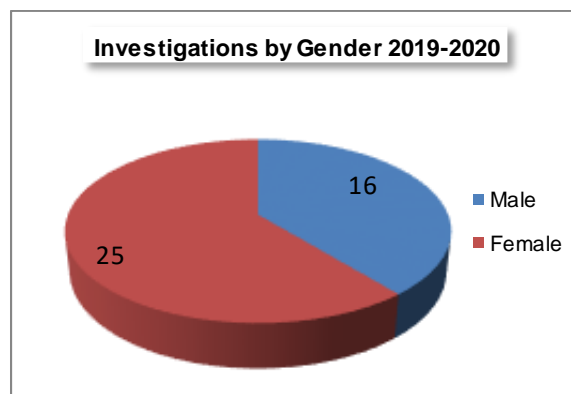
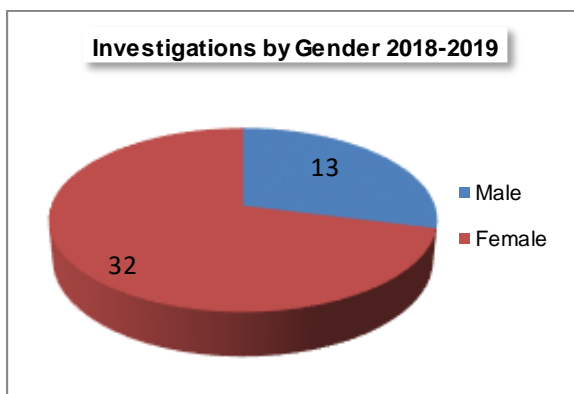


There were 91 cases where the outcome was recorded as 'Further AP Action' however there were 86 investigations. Where there are multiple referrals within a short time frame, one single investigation will consider all concerns raised. In small number of cases an adult's circumstances may change quite quickly and the professional decision made to progress under alternative legislation.

## 6.2 Investigations

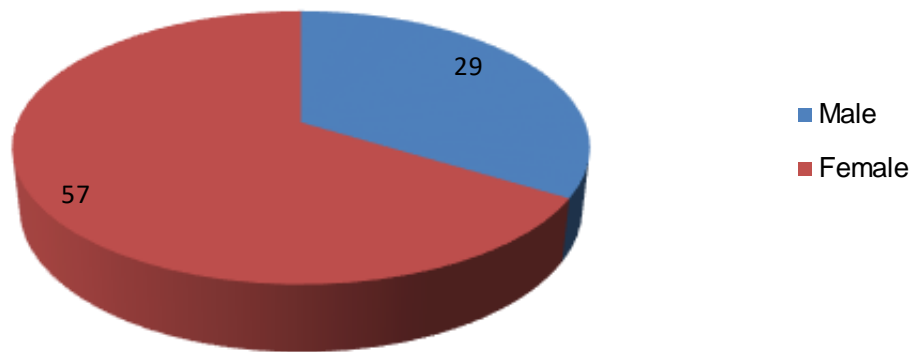
The conversion rate from referral to investigation had been 10% until period of the previous Biennial Report 2016/2018 when it rose to 13.5%. For the period of this Biennial Report the conversion rate has further increased to 20%. There has also an increase in the number of investigations undertaken between the two Biennial Report periods. For 2016/2018 there were 59 investigations which have risen to 86 investigations for this period. The reasons for this have not been fully determined however the programme of self-evaluation, audit, and resulting improvement plans will have impacted. This is in addition to partners revising their processes to make improvements as to referrals made and the implementation of the APC Multi- Agency Learning and Development Strategy.

### 6.2.1 Gender



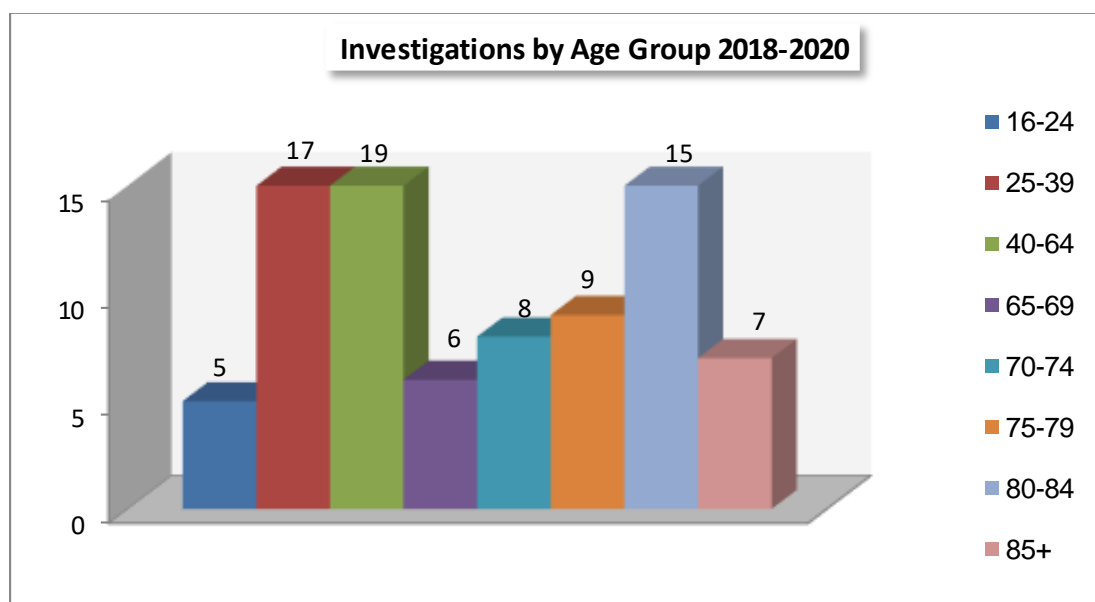
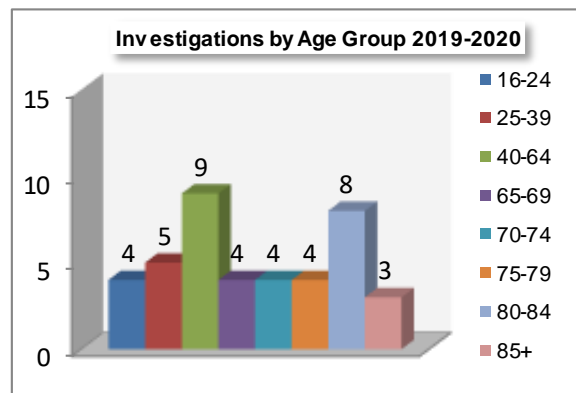
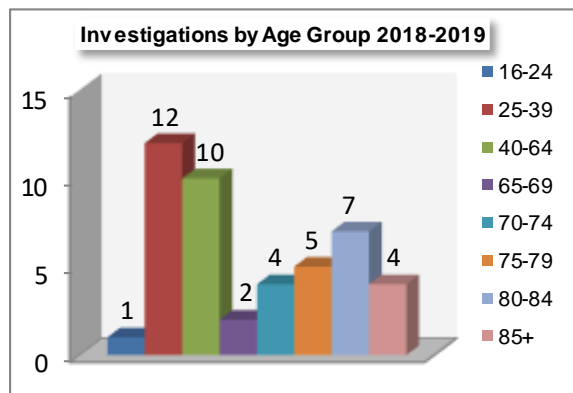


**Investigations by Gender 2018-2020**



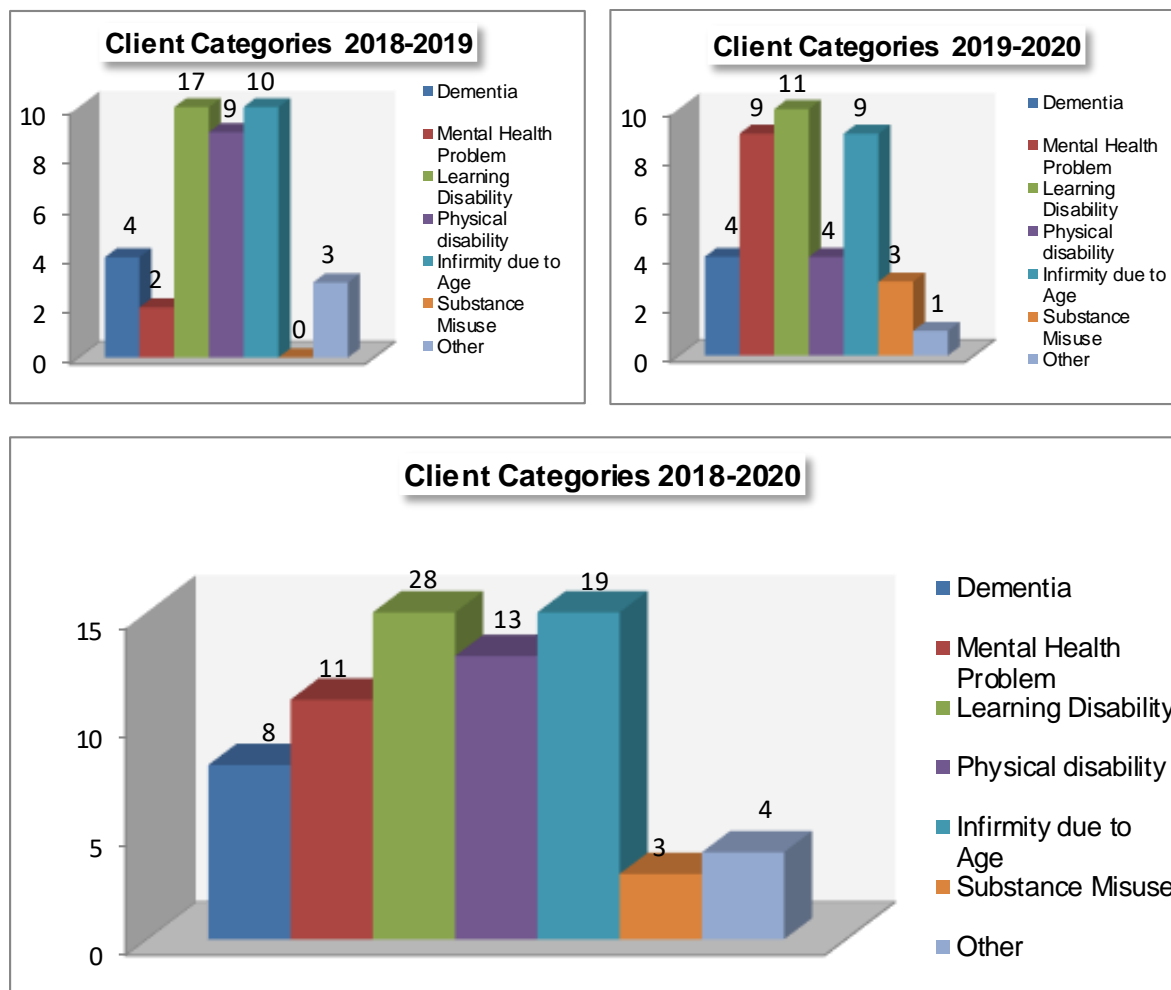
Since the first Biennial Report for 2008/10, with the exception of the 2014/16 period, females were consistently identified as 20% to 50% more likely to be an adult at risk of harm where an investigation has taken place. This remains the case for Inverclyde and is replicated nationally. Women featuring more predominately in investigations may be as a result of gender inequalities and demographics.

### 6.2.2 Age Groups



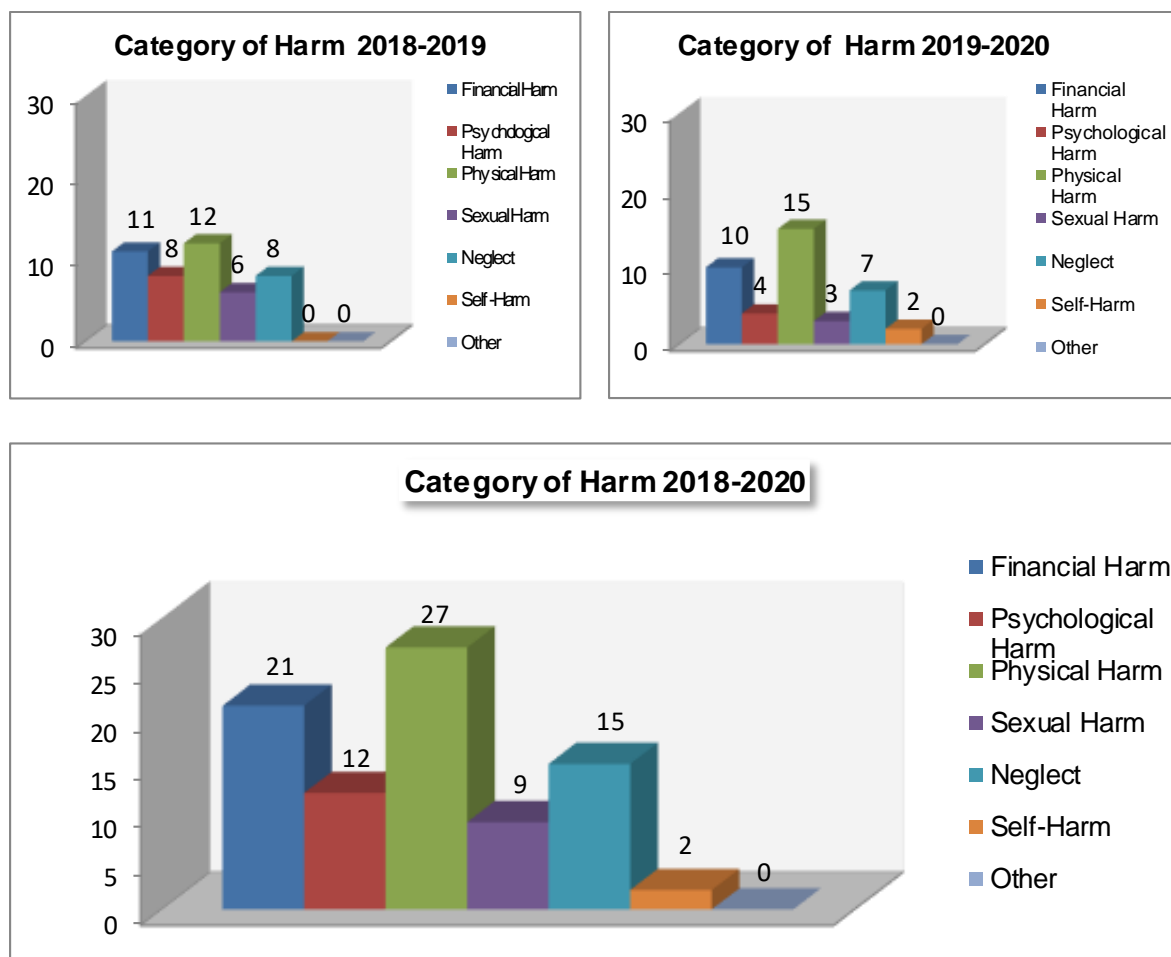
From 2008 till 2014 adult protection investigations were more commonly required for the over 65 years age group however from 2014 to current there has been a more even split between over and under 65 age group. As can be seen from client categories this is likely due to the number of adults who have mental health issues, a learning disability or a physical disability who are subject to investigations are more likely to be predominately under 65 whereas infirmity due to age and dementia will account for those subject to investigation who are over 65 years.

### 6.2.3 Client Categories



Other includes adults at risk who do not fall into the other categories. Examples of people who would be included in this group include adults on the autistic spectrum, with acquired brain injury and those who have HIV or Aids. For the period of the 2014/2016 report there were 14 people in this category this had reduced to 8 for the 2016/2018 report and is now at 4 for this report. The reason for a decline in the numbers for the category 'other' is unknown. The four main client categories locally and nationally are learning disability, mental health, physical disability and infirmity due to age. The number of investigations in respect of people with a physical disability had reduced for the first time for 2016/2018 but for this report has increased to similar level as seen prior to 2014. The percentage of adults with a learning disability who were subject to investigation is slightly higher than national figures and for those subject to investigation who have dementia it is slightly lower.

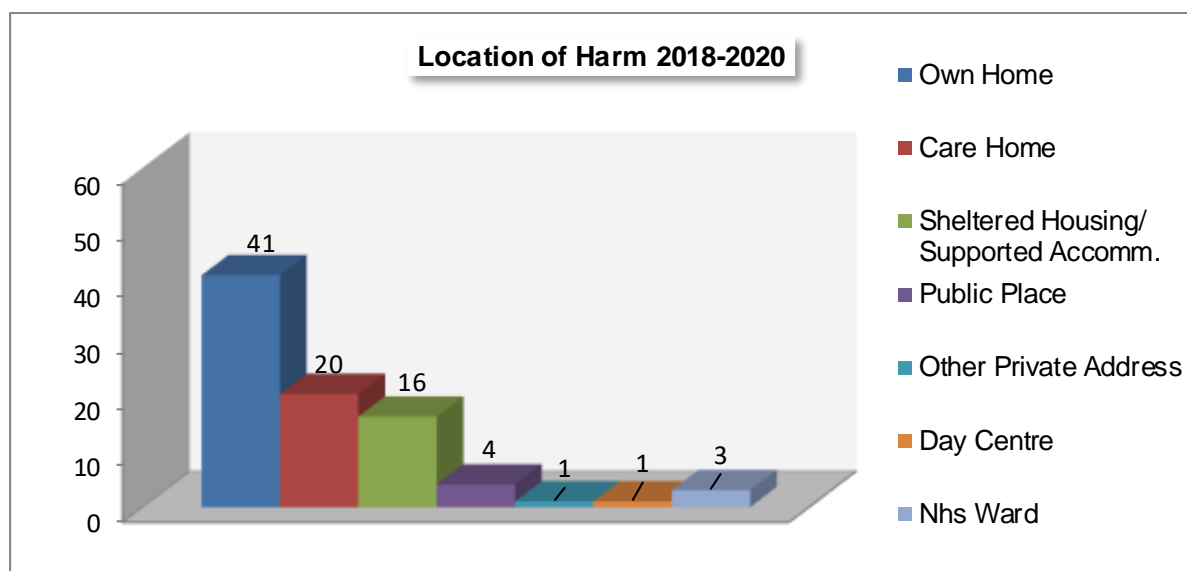
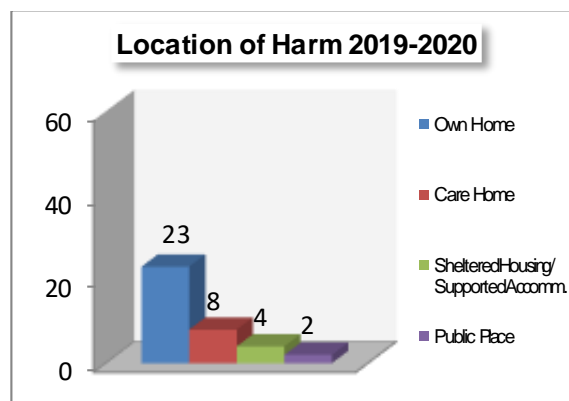
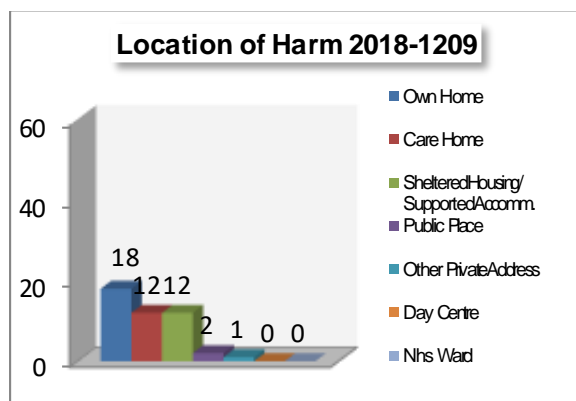
#### 6.2.4 Principal Category of Harm



Only the principal category of harm can be reported for each investigation but it can be the case that more than one type of harm is applicable.

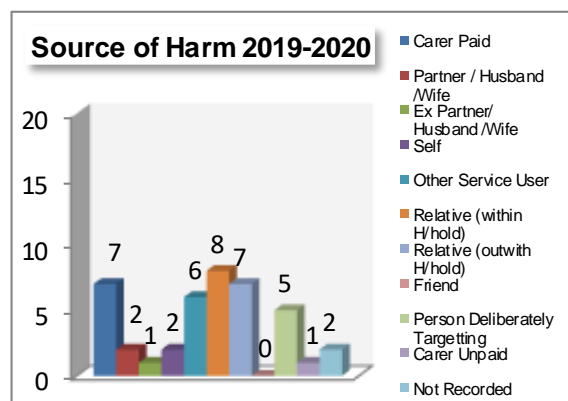
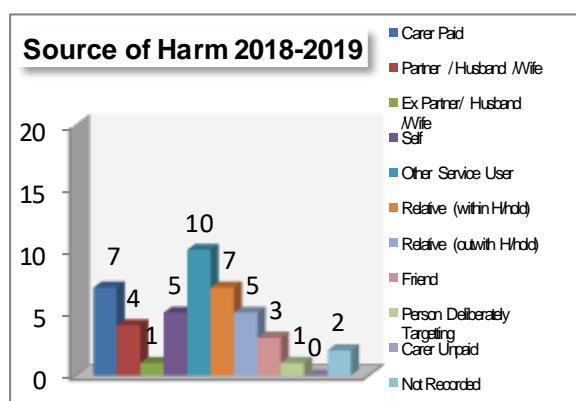
Since 2008 physical and financial harm have been two of the 3 main category types for Inverclyde. This is with the exception of the period of the Biennial Report 2016/2018 when recording of financial harm as principle category significantly decreased. The Multi-Agency Public Protection Financial Harm Course has been running since August 2017 and the Financial Harm Course for Home Care staff since 2019 (Section 8). These courses may have supported better recognition of financial harm and its impact. Financial gain can often be the main driver for harming an adult at risk with the likes of threatened or actual physical harm being the method to exercise control over the adult to achieve this. It has been recognised that staff can gravitate towards selecting 'contact' harm types as the principle type when more than one type of harm is applicable as these are often viewed as most serious.

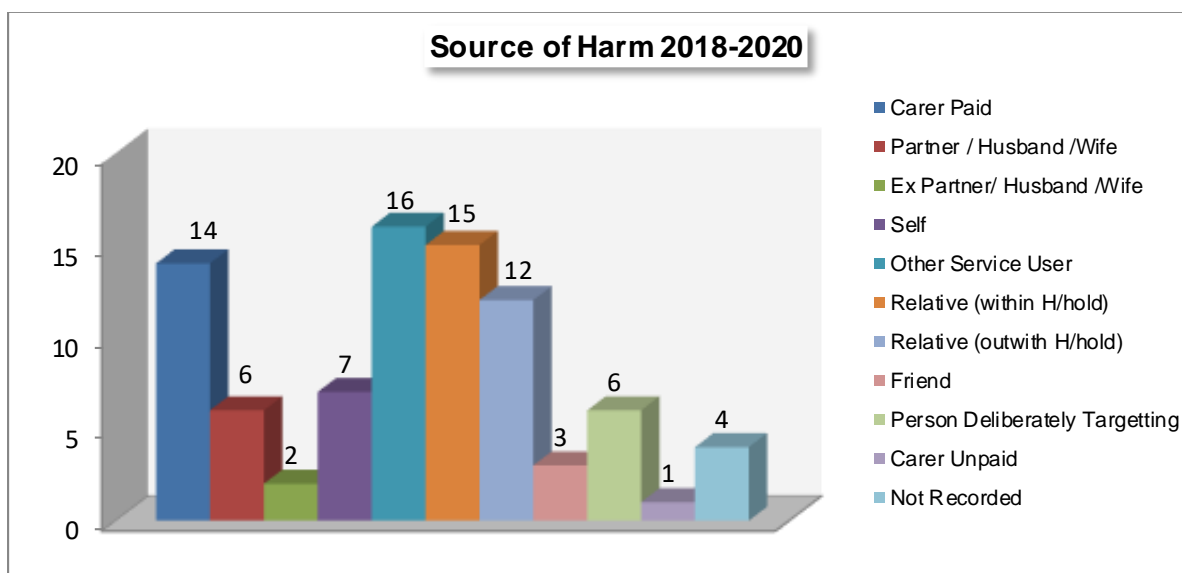
## 6.2.5 Location of Harm



As in all previous years private addresses and care home continue to be the primary locations where harm has taken place. Sheltered Housing/Supported Accommodation accounts for third most likely location.

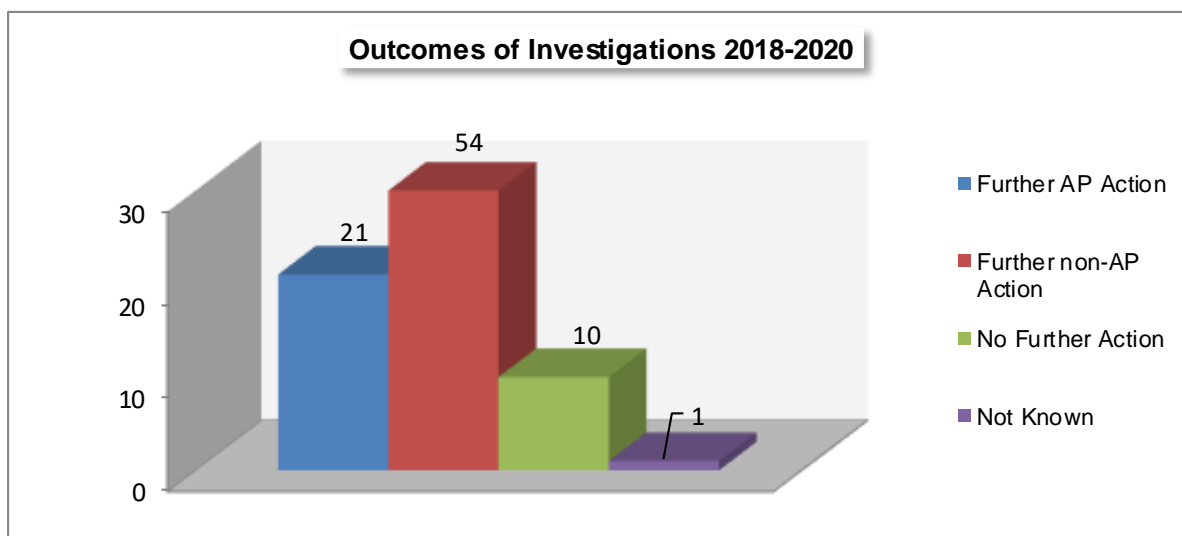
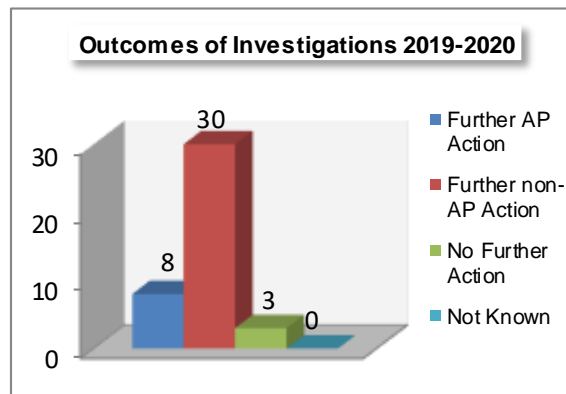
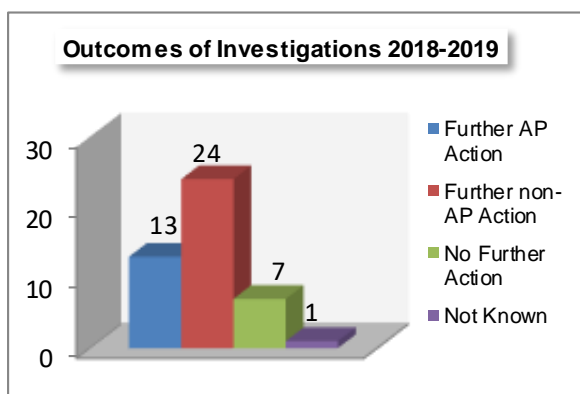
## 6.2.6 Sources of Harm





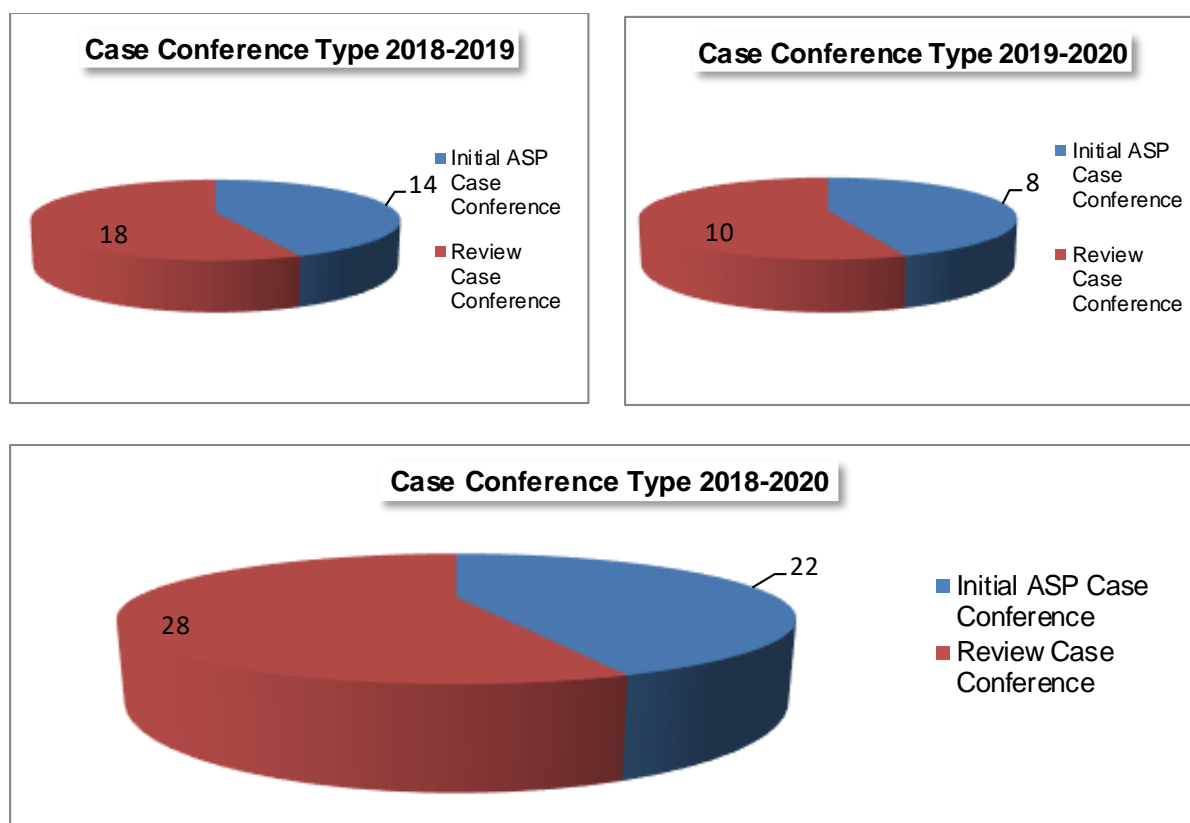
As illustrated, adults are not only at greatest risk in their own home but from the people closest to them such as relatives within, out with house hold, friends and current or former partners or spouses. There is a decrease in the source of harm being a current or former partner. There is a significant increase in respect of the source of harm being other service user or paid carer. It is anticipated that this increase directly relates to changes made by the Care Inspectorate to their process.

#### 6.2.7 Outcomes of Investigation



The outcome for 25% of investigations is that 'Further AP Action' is required. The conversion rate is same for the period of the last Biennial Report. 'Further AP Action' is that an initial case conference is held.

### 6.2.8 Types of case Conference



There were 22 Initial Case Conferences in this period compared to 21 requiring 'Further AP Action' as above. The reason for this is that a case conference was held in 2018/19 in respect of an investigation arising in 2017/18. It was identified from the audits held in 2018 in respect of 2017 investigations that staff were calling meetings held under the auspices of adult protection by different names that were not consistent with Inverclyde Adult Support and Protection Policies and Procedures. This was addressed as part of improvement planning with the figures provided now accurately capturing numbers and types of adult protection meetings.

### 6.3 Protection Orders

Inverclyde Social Work Services Adult Protection Policy, Practice Standards and Operational Procedures detail the application and implementation of protection orders. Implementation of protection orders are monitored and reviewed via case conference and review case conference process. Where protection orders are being considered the Police are always invited to initial and review case conferences.

All Inverclyde Banning Orders applications have included Power of Arrest (POA) and the majority granted have included this in order to support the Police role in implementing the order and to better ensure the safety of the adult.

All protection orders are applied for by Inverclyde Council, Legal Services. All applications made to date have been for Banning Orders. Although none have been applied for during

the period of this report it is anticipated that application(s) will be made in 2020 for situations that cut across the 2019/2020 financial year period.

As the number of protection orders applied for locally and nationally is extremely low, the Self Evaluation Event (June 2018) included a structured reflective interview with the Council Officers, Social Workers and Social Work Team Lead involved in an anonymised case which involved a series of Banning Orders (Section 8.4).

This created an opportunity for participants to consider the benefits and challenges of implementing adult protection process including the use of orders. The case also highlighted the importance of working with the source of harm (perpetrator) to achieve good outcomes for the adult at risk. In evaluation the majority of attendees viewed this as the highlight of this event. This part of the event brought to life for the audience the theory of what we do by way of a case study.

#### **6.4 Initial and Significant Case Review (ICR and SCR)**

The Interim Inverclyde Adult Protection Committee Significant Case Review Operational Protocol and Guidance has been operational since 2011. Delivery of an update has been suspended until the national framework was completed. The 'National Adult Protection Significant Case Reviews: interim framework' was published in November 2019. The development of the interim framework has taken a number of years, with a number of consultations on the proposed content. The Interim Inverclyde Adult Protection Committee Significant Case Review Operational Protocol and Guidance will now be fully reviewed as part of the Business Plan for 2020/2022.

In the interim, in 2016 the Adult Protection and Child Protection Coordinator considered key changes made to the Child Protection Inverclyde Protocol for Conducting an Initial or a Significant Case Review. This exercise has informed the process for adult protection ICRs and SCRs undertaken since.

Until 2017 Inverclyde APC had had no experience of the operational protocol and guidance being triggered. Therefore there was no opportunity to derive any learning from an Inverclyde SCR to review the document any earlier. Since 2017 there have been four adult ICRs. Two were progressed to SCR. The first SCR commissioned was concluded in a final report in June 2018. This report was not published as the circumstances of this case have never been in public domain. Even if anonymised those concerned could potentially be identified. The Final Report, Implementation Plan and Communication Plan have been fully implemented, including shared with the Procurator Fiscal, Mental Welfare Commission and Care Inspectorate. No issues were raised by any of these public bodies on the conclusion of the SCR. The second SCR is about to commence.

In respect of learning from Significant Case Reviews, the Adult Protection Committee has supported a number of multi-agency shared learning events including:

- Self-Neglect, Learning from SCRs,
- Adult Protection and MAPPA SCR
- Self-Neglect and Hoarding Event which also included a presentation by the Lead Reviewer of the key issues and findings from the concluded Inverclyde Adult SCR.
- Presentation of North Lanarkshire Adult SCR to APC and Council Officers and Health Staff from both the Learning Disability Team and Mental Health. The presentation was thereafter adapted to develop workshops for staff working across Inverclyde HSCP Learning Disability so the learning was shared and considered in the local context.

# 7. Policies and Procedures

## 7.1 Inverclyde Social Work Services Adult Protection Policy, Practice Standards and Operational Procedures

Social Work staff work to the Inverclyde Social Work Services Adult Protection Policy, Practice Standards and Operational Procedures which is based on the West of Scotland Inter Agency Adult Support and Protection Guidance. In collaboration with partners, a substantial revision of the West of Scotland Inter-Agency Guidance was finalised and agreed in 2019.

It has been agreed that Inverclyde HSCP will adopt the revised Guidance. As part of the Business Plan 2020/22 a review of the Inverclyde Social Work Services Adult Protection Policy, Practice Standards and Operational Procedures will be undertaken. The revised procedures will reflect the HSCP context of integrated teams and how the different management information systems will interface. Preparatory work has also identified the need to include:

- Incorporating practice tools identified in training to support good practice;
- Strengthening local interface between Social Work and NHS GGC adult support and protection procedures
- Strengthening local interface between Child and Adult Protection Procedures. Inverclyde HSCP Child Protection Procedures includes procedure and flowchart for Child and Adult Protection providing procedural direction in respect of young persons between the age of 16 and 18 years where protection considerations are required.
- Making reference to and link to specific guidance developed locally e.g. Inverclyde Forced Marriage and Honour Based Violence, Responding to those at risk, Multi-agency Guidance;
- Developing additional guidance in respect of certain types e.g. Self-Harm, Hoarding and Neglect.

In addition consideration is being given to adding an Adult Protection Decision Making Framework. This is being developed and is based on the Police Scotland Mental Decision Framework Model. This is different to existing flow chart as outlines key questions, timescales, roles and responsibilities for each stage.

## 7.2 ICR/SCR

The Interim Inverclyde Adult Protection Committee Significant Case Review Operational Protocol and Guidance will be subject to review as part of the 2020/22 Business Plan (Section 11.2).

## 7.3 Greater Glasgow and Clyde Health Board

NHS Greater Glasgow and Clyde Health Board (NHS GGC), as a member of the WOS Partnership has a dedicated Adult Support and Protection (ASP) webpage for staff.

<https://www.nhsggc.org.uk/about-us/professional-support-sites/nurses-midwives/public-protection/adult-support-and-protection/>

In addition to a link to the West of Scotland Interagency Adult Support and Protection Guidance the page includes links to the Adult Protection Referral Form (AP1) and Adult Support and Protection Guidance.



The NHS GGC Act against Harm wallchart includes a flow chart of the adult protection process that health staff require to follow with HSCP contact details to make referrals for areas covered by the Board area.

A review and update of the ASP webpage on the Board's main site is currently being planned by a dedicated ASP trainer appointed in December 2019 for a nine month period. One key area of development is the creation of a decision making matrix by NHSGGC to support health staff understanding of the concept of 'knowing or believing that an adult is at risk'.

Inverclyde HSCP participated in the development of Adult Support & Protection Guidance for Prison Health Care which has now been approved by the Prison Health Care Clinical Governance Group. This was developed in consultation with WOS Adult Protection Coordinators with prisons within their APC area and will roll out across NHS GGC in 2020.

#### **7.4 Police Scotland**

Police Scotland work to national standing operating procedures to guide their staff in relation to the actions required in adult support and protection.

#### **7.5 Large Scale Investigations**

There have been no Large Scale Investigations undertaken in the past two years. Inverclyde Adult Protection Committee made a decision not to adopt the 'West of Scotland Large Scale Investigation (LSI) Procedure' as it was viewed to be process driven. Previous cases have considered West of Scotland LSI guidance and LSI guidance from other areas to inform and avoid operating in a vacuum.

'Investigations Involving Staff Guidance' was developed by a West of Scotland working group, chaired by the Inverclyde Adult Protection Co-ordinator, with representation from the Care Inspectorate, Police, Greater Glasgow and Clyde Health Board and Inverclyde Care Home Providers.

Taking account of the learning from other West of Scotland areas who have implemented the Large Scale Investigation Procedures, practice issues have arisen and the document is currently under review by the WOS Adult Protection Coordinator's Group. It has been agreed that the way forward is to amalgamate the 'WOS Large Scale Investigation Procedures' with 'Investigations Involving Staff Guidance' as part of this review.

#### **7.6 Good Practice Guidance**

There are currently two Inverclyde Good Practice Agreements in place. One agreement is with all local Care Home Providers and the other is with all local Registered Social Landlords (RSL). The RSL Agreement is currently under review. There is a plan to develop a Care at Home Agreement to promote consistent practice across local partner agencies.

#### **7.7 Good Practice Guidance and Care Home Providers**

Prevention of harm in care settings and recognition and reporting of harm are key aspects of the work of the Adult Protection Committee, HSCP and local health and social care providers. Staff from independent and third sector providers access Level 1 training courses as outlined in the Adult Protection Multi-agency Learning and Development Strategy (Section 8).

The Good Practice Guidance in Joint Working between Inverclyde Adult Protection Committee and Care Home Providers in Inverclyde - Adult Protection & Adult with Changing Needs was reviewed, revised and agreed in 2019.

The working group included representatives from Care Home Providers, Inverclyde Health and Social Care Partnership (HSCP) and the Care Inspectorate. The purpose was to establish and maintain consistency in identifying and dealing with adult protection concerns and adults with changing needs across all care homes in Inverclyde. Scottish Care provided valuable comment to inform the final version.

This Guidance includes the interface between the Care Provider, the HSCP Strategic Commissioning Team and Care Inspectorate processes. These responsibilities form part of the National Care Home Contract and are essential to achieving the Health and Social Care Standards (HSCS).

The HSCP Strategic Commissioning Team has a well-established process with providers for notification of significant events, their recording and analysis. The guidance states that where a registered provider becomes aware of a potential allegation about the risk of harm they must notify the Care Inspectorate immediately.

## 8. Learning and Development

The Inverclyde Adult Protection Committee has a Multi-Agency Learning and Development Strategy, Standards and Programme 2018-2020. In addition to information about all training and developmental events delivered via the auspices of the APC, it includes key partner agencies adult support and protection learning and development strategies and provides details of other training courses (child protection, mental health, gender based violence and addiction) to support best practice across the public protection agenda.

### 8.1 Council Officers and HSCP Staff

There are currently four mandatory training courses for Council Officers.

These are:

- Adult Protection Multi-agency Awareness,
- Public Protection Multi-agency Financial Harm Awareness,
- Adult Protection Procedures Course and
- Adult Protection Recording and Defensible Decision Making Course.

The aim is to support assessment, analysis and decision making at all the key stages in the adult protection process. At both the 'Procedures' and 'Recording and Defensible Decision Making' courses additional tools are provided to aid decision making and support strength based practice. These tools will be incorporated as part the review of the Inverclyde Social Work Services Adult Protection Policy, Practice Standards and Operational Procedures (Section 7.1).

The Level 1 Adult Protection Multi-agency Awareness and Public Protection Multi-agency Financial Harm Awareness is available to staff and volunteers from any agency or organisation. In addition, there is a Public Protection Financial Harm Awareness specifically designed and delivered to HSCP Home Care staff as part of their induction programme.

All courses have been developed and/or are delivered in partnership with either other public bodies, Third Sector services or an Independent Consultant.

### 8.2 Adult Protection Procedures Course

The Procedures Course is completed by Council Officers, Social Work Team Leads, Service Managers and appropriate health staff. The course has evolved and developed to support staff to explore and understand legislative requirements in the context of their role and responsibilities; and contribution of all including Criminal Justice, Child Care, Health, Police, Housing, GP etc. at each stage in the adult protection process. The case study used has evolved to cover the interface with the wider public protection agenda including Child Protection and Violence Against Women.

### 8.3 Adult Protection Recording and Defensible Decision Making Course

In addition to Council Officers, Social Work Team Leads, Service Managers appropriate health staff also undertake the 'Recording and Defensible Decision Making' course. We are aware that individuals are often more comfortable discussing personal and sensitive issues with staff that they know and have trust and confidence in. The health professional, as second worker is able to support the interview process with the adult, with the Council Officer leading on recording and retaining the statutory responsibilities. This is considered at the strategy stage of planning the investigation where it is known or anticipated that this would be beneficial to the adult. This approach can also better support adults with communication requirements by conversing directly with them. Although health professionals

cannot assume the role of Council Officer, it allows for a more flexible and person centred approach to interviews.

#### **8.4 Adult Protection Learning Events**

Whilst this strategy includes the programme of core training that is regularly delivered it also provides a record of other events delivered to date. This supports a flexible approach to the development and delivery of Self-Evaluation and Developmental Events, workshops and other courses that are required to be developed and delivered in response to emerging issues and themes from local and national adult support and protection themes. For example:

- Self-Evaluation Day (June 2018) with one of the aims being to identify gaps, actions and priorities for the Inverclyde Adult Protection Committee and Business Plan for 2018-2020.
- Self-Neglect and Hoarding Event (February 2019) arising from national developments and local considerations including findings of Inverclyde Adult SCR (June 2018).
- Labour Abuse, Human Trafficking and Domestic Servitude Public Protection Event (March 2019).
- Adult Protection Case Conference Chairs training (October 2019) arising from need identified by audit and Service Managers. The course addressed issues around ensuring the process is tailored to ensure adults can fully participate in the Case Conference, establishing a meaningful conversation at conferences, identification of SMART key issues and actions.
- Council Officers Development Workshop (December 2019) with an aim of sharing the findings and learning from 2019 audits comparison with the 2018 audits , and progressing improvement and national developments.
- Dewis Choice Initiative, Responding to Older People experiencing abuse from an intimate partner or family member (March 2020), and
- HSCP Health and Social Work staff attendance at a range of Policy Hub Scotland events.

#### **8.5 NHS Greater Glasgow and Clyde (NHSGGC) Training**

Whilst NHS staff from both the HSCP and Inverclyde Royal Infirmary can access the training and events delivered as part of the Multi-Agency Learning and Development Strategy, Standards and Programme NHSGGC staff can also access adult protection training via a blended learning approach:

- Online training modules via the Learnpro platform. Level 1 Awareness Raising module, Level 2 Advanced Module, Emergency Department Module, Specific online module for acute staff.
- Level 1, face to face training (1 hour sessions both calendared and on request delivered by an ASP trainer).
- Level 2, advanced face to face training (3 hour workshop sessions for targeted groups of staff co-delivered by an external consultant and ASP Trainer) are planned to take place across sites March – August 2020.

Quarterly reports are provided in respect of online and face to face training delivered by the Board with an annual presentation to the APC in respect of adult protection training and developments.

ASP is recorded on NHS GGC Board's Corporate Risk Register due to the limited training resource available for acute staff to access on an ongoing basis. Since 2017, the development and delivery of ASP training in acute services has been a priority area for the service. To support the development of ASP training and resources a dedicated trainer was appointed to the service in December 2019 for a nine month period.

## **8.6 Police Scotland**

Whilst police staff can access the training and events delivered as part of the Multi-Agency Learning and Development Strategy, Standards and Programme all police staff are trained as per Police Scotland National Training Courses or have said training courses pending.

All staff within the Concern Hub must complete the Public Protection Unit (PPU) - Concern Hub Training two day course. In addition supervisors must complete a supplementary 2 half day courses:

- Information Technology (IT) - Vulnerable Person's Database (VPD).
- IT - VPD - PPU + System Administration.

## **8.7 Scottish Fire and Rescue (SFRS)**

SFRS personnel are required not only to know that there is legislation but to actively participate in safeguarding both children and adults at risk. SFRS electronic training system works on a 3 year rotation of modules that operational staff have to complete, including their Prevention and Protection Policies. One of these Prevention and Protection Policies is the Safeguarding Policy and Procedure for the Protection of Children and Adults at Risk and once these modules are completed they are signed off. SFRS operational staff are also actively involved within communities and receive the benefit of on the job training from more experienced Firefighters allowing them to complete our AP1 referrals and pass these on to partner agencies.

## **8.8 Inverclyde Adult Protection Committee Training Statistics**

Training figures are at Section 11.3.

# 9. Quality Assurance

Under the governance of the Quality and Policy Sub Group of the APC, a programme of Self-Evaluation is in place to determine how effective we are at fulfilling our respective legislative duties and functions through single and joint case file audits.

## 9.1 HSCP Audits

There are HSCP audits in respect of adult protection cases proceeding to investigation. The case file audits that took place in 2018 used a local audit tool. From 2019 onwards the Care Inspectorate Adult Protection audit tool which had been used for the pilot Thematic Adult Protection Inspections has been adopted.

Both tools have included evaluation of key stages however the latter is a more in depth tool and has supported better identification of areas for improvement. Outcomes of this have included commissioning Adult Protection Case Conference Training for Chairs and further development of chronology (Sections 5.3 & 8.4 and Section 9.5) It is too early to identify any key changes to date, however this will be considered within the next audit.

The Assessment and Care Management & Learning Disability Services (ACM&LD) audit takes place in January each year. Mental Health & Addiction Services (MH&A) audit their files in each May.

These audits, undertaken by Service Managers and Team Leaders from both Social Work and Health, cover all the key stages in the adult protection process including screening and triaging of adult protection referrals, application of the 3-point test, investigation, risk assessment, chronology, case conference case conference and outcomes.

The findings of the audit process inform the continual improvement programme and Business Plan of the APC.

## 9.2 Key Strengths

The key strengths from audit include:

- the majority of inquiries and investigations being undertaken within required timescales,
- significant improvement in Service Manager Report completion,
- in all cases where AP Case Conferences were held they rated very well; and
- in the majority of cases audited there were noted improvements in the adult's circumstances.

The audit tool will be refreshed to include the reason as to why a minority of inquiries and investigations were not undertaken within timescales. Feedback from file readers indicated that in some of these cases there were defensible reasons as to why timescales were not met but nowhere to capture this within the audit tool.

For the minority cases where there were no noted improvements, this was directly related to the level of cooperation and decisions and choices made by the adult in most of these situations.

## 9.3 Key Improvements

It was clear from the findings of the 2019 audits that the majority of adults met the three point test and this was appropriately recorded as such. For some cases, this was not specifically

written at the beginning of the investigation report, in order to explicitly state the legitimacy of our duty to inquire under ASP legislation.

This is an area for development in some areas and need for such is highlighted within the 'Recording and Defensible Decision Making' and 'Procedure' courses and discussed with Council Officers at the Development Session in December 2019.

Other areas for development related to updating of the audit tool itself; following the adult protection process through to conclusion, using required adult protection documentation at each stage ; and being clear about the decision making process not to proceed under AP in the absence of recording and risk assessment.

The term chronology is not clearly understood across all staff groups within the Mental Health and Addiction Teams, further work needs to be done in embedding this into everyday practice.

#### **9.4 Referral and Inquiry Stage Audit**

As the number of cases progressing to investigation was low within Mental Health and Addictions, further scrutiny of cases with 'no further action under AP' was undertaken in 2019.

Key strengths of the Mental Health and Addictions Referral Audit 2019 included the majority of adults or their proxy views were sought; where this was not done the reasons given were viewed as entirely appropriate. File Readers agreed with the decision not to progress under ASP in 10 of the 14 referrals examined.

#### **9.5 Chronology**

There has been a particular focus on the use of and development of chronology given its importance in supporting good risk assessment across integrated services.

As the Global Risk Assessment Tool is specific to adult protection it was recognised that there is a need to develop an Inverclyde Multi-Disciplinary Chronology Tool to support practice development across the health and social care workforce. The aim is that the Global Risk Assessment will be informed by the Multi-Disciplinary Chronology Tool.

The Council Officer Development Workshop on 18th December 2019 served as an introduction to this tool. It has been shared with the Practitioner Reference Group, a group of frontline workers across the HSCP who have been at the forefront of developing other areas of practice. The tool is in the process of being implemented.

#### **9.6 Joint Audit Police Scotland**

As Police Concern Hubs were being developed, Police Scotland developed 'Quality Assurance Guidance for Concern Hub staff'.

A joint case file audit conducted in collaboration between Renfrewshire and Inverclyde Adult Protection Committees and K-Division of Police Scotland (which covers Renfrewshire and Inverclyde) included a case file audit of 100 cases in total, 50 cases each from Inverclyde and Renfrewshire.

Half of the cases audited preceded implementation of General Data Protection Regulation 2018 and half were following the regulation's implementation. Files audited included a proportionate breakdown of adult protection referrals and well-being/welfare concern referrals from each APC area.



Ten cases were also audited from each partnership area for which a Vulnerable Persons Database entry was made by Police Scotland but for which no Adult Concern Report was made.

Conclusions are being formulated along with identified areas of development which will be considered and presented to the APC for authorisation and incorporated into the APC Business Plan 2020/2022.

### **9.7 NHS Greater Glasgow and Clyde (NHS GGC)**

There are quarterly NHS GGC Adult Protection Liaison meeting attended by Inverclyde Adult Protection Coordinator. There is a quarterly analysis of Adult Protection referrals from NHS GGC Acute Services. The aim is to identify outcomes for each case, improve the appropriateness and quality of referrals made, identify any issues, risks or trends and consider any staff training and development needs.

### **9.8 HSCP Management Information Systems**

The SWIFT Management Information System is now outdated and a new system is being commissioned. The broad requirements for adult protection from a new system have been scoped. The internal ASP Self Evaluation Audits reaffirmed the need for a new system. Following the internal ASP Self Evaluation Audits, improvements were identified in respect of saving documents in the CIVICA document management system. These improvements are now completed. Work is underway to support a consistent approach to naming and saving AP case records and documents within EMIS and the recording requirements across systems.



# 10. Overarching Strengths and Areas for Improvement

## 10.1 Communication and Engagement

- The production of ten accessible DVDs. These depict the 5 main types of harm and who to contact for help. These are used in training, on public awareness screens and on the Inverclyde YouTube Channel. Development of the content progressed by a supported service user and carer focus group.
- Content of all ASP leaflets developed with focus groups. These utilise the recognised branding for Inverclyde previously used for STV Adult Protection advert, local newspaper and bus shelter advertising.
- ASP Twitter Campaign commissioned by APC from Your Voice.

## 10.2 Quality Assurance and Self Evaluation

- Refresh of our quality assurance framework, including taking forward learning from audits.
- Service Managers and Team Leaders undertaking audits to inform own practice.
- Joint approach between Inverclyde, Renfrewshire and Police Scotland K Division to Audit Police Concern Hub Cases.
- Quarterly analysis of Adult Protection referrals from NHS GGC Acute Services
- Development and Implementation of Quality and Policy Sub Group & Action Plan and ASP Business Plan; and continued evidencing of improvements in Biennial Report.
- Continue with Quality Assurance work to support and evidence continuous improvement.

## 10.3 Learning and Development

- Multi-agency strategy with core regular training at Level 1 and 2 plus developmental events /workshops.
- Flexible, responsive approach to provide training based on local needs and emerging themes both locally and nationally.
- Recording and Defensible Decision Making Course.
- Council Officer Development Session.
- Training for AP Case Conference Chairs.
- Frontline staff, Team Leaders and Service Managers attend Policy Hub Scotland events to support local practice.
- Further increase confidence and strengthen role of general workforce, Council Officers, Second Workers, Team Leaders and Service Managers in Adult Support and Protection work.

## 10.4 Policies and Procedures

Specific areas led by Inverclyde or in collaboration with other agencies:

- Good Practice Agreements.
- Responding to Honour Based Violence/Forced Marriage.
- Child/Adult Protection interface for 16 to 18 year olds.
- Adult Support and Protection Guidance Prison Based Health Staff.
- Collaboration with Inverclyde Fire and Rescue to support new referrals /feedback processes and address current issues identified from national SF&RS process
- Extensive review of WOS Adult Support and Protection Guidance to inform Inverclyde HSCP review of procedures.

## 10.5 Leadership

- Clear governance and oversight across all partner agencies.
- Collaborative approach at strategic level.

### **10.6 Collaboration and Developing Best Practice**

- Clear HSCP Social Work AP Procedures and clarity around role of Council Officer
- AP Processes aligned between key partners
- Evident partnership and collaborative working across agencies and organisations
- Strong emphasis on outcomes for the individual
- Ensure consistency of application of ASP procedures across all adult services.
- Roll out of Multi-disciplinary Chronology document to support frontline practice.
- Further improvements in HSCP Service Manager sign off of AP process to achieve 100% compliance.
- HSCP Management Information Systems and how currently used are also subject to review with a new system being commissioned.

# 11. Appendices

## 11.1 Source of Referral Breakdown

<b>NHS</b>	<b>18/19</b>	<b>19/20</b>
Community Nurse	1	2
Hospital Clinician	0	1
Hospital Nurse	9	5
NHS 24	1	4
Other Health	2	8
	<b>13</b>	<b>20</b>

<b>Other Organisations</b>	<b>18/19</b>	<b>19/20</b>
Care Homes	55	33
Housing	6	7
Other LA	0	1
Hospice	0	1
Standby	6	0
Voluntary Org	3	0
	<b>70</b>	<b>42</b>

<b>Social Work</b>	<b>18/19</b>	<b>19/20</b>
Involved Worker	7	5
Occupational Therapy	0	1
Other Staff SW	3	7
Other SW Unit	5	0
	<b>15</b>	<b>13</b>

<b>Statutory Body</b>	<b>18/19</b>	<b>19/20</b>
Care Inspectorate	10	1
Office Public Guardian	2	0
	<b>12</b>	<b>1</b>

## 11.2 Inverclyde Adult Protection Committee Business Plan 2020 – 2022

Objective	Outcome	Output	Timescale	Lead Officer	RAG	Risks
<b>General</b>						
To continually improve the identification of adults at risk of harm, to provide support to them when it is needed and to provide the means to protect them from preventable harm.	Ensure Adults at risk of harm are identified in time, to provide support to them when it is needed and to provide the means to protect them from preventable harm.	Audit and report on completion of the SWIFT Adult Protection module.	June 2020. November 2020. June 2021. November 2021.	Adult Protection Coordinator.	Completed June 2020  Green	The replacement System for SWIFT requires to capture the data set for ASP across all teams and having functionality to report.
		NHS GG&C ASP Liaison Group quarterly analysis of AP1s across APC Partnerships.	April 2020 July 2020 October 2020 January 2021 April 2021 July 2021 October 2021 January 2022	Nursing Director NHSGGC. Inverclyde Lead Adult Protection Coordinator.	Green	

Objective	Outcome	Output	Timescale	Lead Officer	RAG	Risk
<b>Quality Assurance</b>						
To have a robust quality assurance performance framework in operation providing regular reports to both the Adult Protection Committee and appropriate stakeholders.	Safer outcomes for adults.  ▪ Safe Practice standards and guidance.  ▪ Robust standards, policies and procedures.	▪ Implement Self Evaluation and Quality Assurance Framework and its effectiveness and compliance with the standards identified in the framework.	As follows:  .	Adult Protection Coordinator.	Green	.
		▪ Social Work Single Agency ACM & LD yearly audits. Include ASP cases.	31 <sup>st</sup> January 2021. 31 <sup>st</sup> January 2021.	Service Managers Assessment and Care Management & Learning Disability Services.	Green	
		▪ Social Work Single Agency MH & A yearly audits.	31 <sup>st</sup> May 2020 31 <sup>st</sup> May 2021	Service Managers Mental Health and Addiction Services.	Green	
		▪ Annual audits of referrals not leading to investigation.	31 <sup>st</sup> January 2021/2022 for ACM & LD 31 <sup>st</sup> May 2020/2022 for MH&A	Responsible Service Managers.	Green	
		▪ Multi Agency case file audit.	31 <sup>st</sup> March 2022	Adult Protection Coordinator and Partners.	Green	



Objective	Outcome	Output	Timescale	Lead Officer	RAG	Risk
	Carry out a Self-Evaluation for Adult Protection Committee - HSCP and partners.	Inform the work of the APC.	31 <sup>st</sup> March 2022.	Adult Protection Coordinator.	Amber	.
	Carry out a Self-Evaluation Council Officer Development Workshop	All Council Officers understand their role and contribute to ongoing development of self-evaluation to inform best practice in ASP.	31 <sup>st</sup> March 2021	Adult Protection Coordinator,	Amber	.
	Update HSCP Staff ASP Training Audit	All staff have undertaken training and have access to relevant courses.	26 <sup>th</sup> February 2021	Adult Protection Coordinator.	Green	
	Update Audit of all ASP Training against ASP L&D Framework	Courses reviewed to ensure content meets knowledge / skills requirements, identify gaps and develop further training opportunities.	26 <sup>th</sup> February 2021	Adult Protection Coordinator.	Amber	

Objective	Outcome	Output	Timescale	Lead Officer	RAG	Risk
<b>Learning and Development</b>						
To make, assist in or encourage the making of arrangements for improving the skills and knowledge of officers or employers of the public bodies and office holders to which this section applies.	Review Multi-Agency Learning and Development Strategy, Standards and Programme 2018-2020		31 <sup>st</sup> December 2020.	Adult Protection Coordinator.	Amber	Dependant on AP Coordinator ,External Trainer and Team Lead, Learning and Development being able to transfer courses to digital format whilst face to face is not possible during pandemic
		<ul style="list-style-type: none"> <li>Multi-Agency Adult Protection Awareness Course.</li> </ul>	24 Courses by 30 <sup>th</sup> March 2022.	Adult Protection Coordinator.	Amber	
		<ul style="list-style-type: none"> <li>Multi-Agency Financial Harm Course.</li> </ul>	12 Courses by 30 <sup>th</sup> March 2022.	Adult Protection Coordinator.	Amber	Financial Harm Courses dependent on ongoing input by Trading Standards and Police Scotland.
		<ul style="list-style-type: none"> <li>Home Care Financial Harm</li> </ul>	6 Courses by 30 <sup>th</sup> March 2020		Amber	
		<ul style="list-style-type: none"> <li>Procedures Course.</li> </ul>	3 Courses by 30 <sup>th</sup> March 2020.	Adult Protection Coordinator.	Amber	Dependent on AP Coordinator and availability of external trainer.



Objective	Outcome	Output	Timescale	Lead Officer	RAG	Risk
To make, assist in or encourage the making of arrangements for improving the skills and knowledge of officers or employers of the public bodies and office holders to which this section applies		<ul style="list-style-type: none"> <li>Third Party Reporting &amp; Hate Crime Course.</li> </ul>	3 Courses by 30 <sup>th</sup> March 2020.	Adult Protection Coordinator.	Amber	Dependent on Police Scotland.
		<ul style="list-style-type: none"> <li>Recording and Defensible Decision Making Course</li> </ul>	2 Courses by the 30 <sup>th</sup> March 2020.	Adult Protection Coordinator.	Amber	Dependent on availability of external trainer.
		<ul style="list-style-type: none"> <li>Multiagency event on a theme for AP e.g. SCR event minimum.</li> </ul>	2 events by 31 <sup>st</sup> March 2020.	Adult Protection	Amber	

Objective	Outcome	Output	Timescale	Lead Officer	RAG	Risk
	Evaluation of all training and events.	.	On-going following each training/event.	Adult Protection Coordinator.	Green	
	Extend access to appropriate training, for carers and the wider community.	Seminars, inputs and presentations to local bodies, service users and carers and at public events.	8 events by 31st March 2022.		Amber	
	The Adult Protection Committee has the skills and knowledge to fulfil its functions.	<p>Members have accessed all relevant training as required.</p> <p>Each member will attend 2 training sessions or seminars.</p> <p>A minimum of two developmental sessions per year.</p>	<p>By 31<sup>st</sup> March 2022.</p> <p>31<sup>st</sup> March 2021. 31<sup>st</sup> March 2022.</p>	Adult Protection Coordinator.	<p>Amber</p> <p>Amber</p> <p>Amber Amber</p>	

Objective	Outcome	Output	Timescale	Lead Officer	RAG	Risk
Communication and Engagement						
Continually improve partnership working in order to safeguard adults at risk in Inverclyde across statutory, non-statutory agencies and the public.	To have an effective inter-agency Communication strategy where everyone is aware of their role and responsibility to protect adults from harm.	▪ Refresh Communication Strategy.	31 <sup>st</sup> January 2021.	Adult Protection Coordinator with support from Corporate Communications and 'Your Voice'.	Green	National Campaigns not yet developed
		▪ Continue partnership approach to Adult Support and Protection Communication and Engagement Working Group with annual review.	30 <sup>th</sup> November 2020.		Green	
			30 <sup>th</sup> November 2021		Amber	
		▪ Review communications planner. Include support for National campaigns.	30th April 2021.		Red	
		▪ Repeat Citizen and Your Voice Panels.	30 <sup>th</sup> March 2020.	Adult Protection Coordinator and re-established Multi-Agency virtual working group.	Amber	
▪ Further review our approach to service user & carer feedback in context of pandemic.	26 <sup>th</sup> February 2020					

Objective	Outcome	Output	Timescale	Lead Officer	RAG	Risk
	Continue to create opportunities for adults at risk to contribute to practice development.	<ul style="list-style-type: none"> <li>Work in partnership with users and carers to ensure safeguarding arrangements and interventions adhere to principles of the Act and actions and services are effective.</li> <li>Annual Review of website.</li> <li>Consult on content of ASP website pages.</li> </ul>	<p>31<sup>st</sup> December 2020. 31<sup>st</sup> December 2021.</p> <p>30<sup>th</sup> June 2020. 30<sup>th</sup> June 2021</p> <p>30<sup>th</sup> June 2020. 30<sup>th</sup> June 2021.</p>	Adult Protection Coordinator	<p>Amber</p> <p>Green 2020 Green</p> <p>Green 2020 Amber</p>	

Objective	Outcome	Output	Timescale	Lead Officer	RAG	Risk
<b>Policies and Procedures</b>						
Review the procedures and practices of the public bodies and office holders to which this section applies.	To have a robust process of reviewing policy and procedures to reflect current research, practice, policy drivers and legislative change.	Review existing Inverclyde Adult Protection Policy and Practice Guidelines in line with West of Scotland Guidance review, reviewed Code of Practice, changes to Police Scotland process and context of a fully integrated HSCP.	31 <sup>st</sup> March 2021.	Adult Protection Coordinator and HSCP Working Group.	Amber	
	Refresh existing Good Practice Guidance for Adult and Child Protection and Adults and Children in Need with Registered Social Landlords.	Review Document.	31st May 2021.	Adult Protection Coordinator and RSL Rep.	Green	

Objective	Outcome	Output	Timescale	Lead Officer	RAG	Risk
	Extend Good Practice Guidance for use with care at home service providers.	Adapt and develop existing guidance documents used with Registered Social Landlords and Care Home Providers.	31 <sup>st</sup> October 2021.	Adult Protection Coordinator and Care at Home Service Provider Representation.	Amber	Lack of engagement by care at home service providers.
	Review existing Adult Protection Quick Guide.	Annual Review of document.	31 <sup>th</sup> March 2021. 31 <sup>st</sup> March 2022	Adult Protection Coordinator.	Green Green	
	Review existing Child and Adult Protection Interface Multiagency guidance.	Review guidance.	30 <sup>th</sup> November 2021.	Adult Protection Coordinator and Child Protection Coordinator.	Amber	
	Responding to Forced Marriage & Honour Based Violence – Multiagency Guidance.	Review Document.	30 <sup>th</sup> November 2021.	Adult Protection Coordinator, Child Protection Coordinator and Violence Against Woman Coordinator.	Amber	
	Review the APC/COG constitution and ensure annual review with version control.	Review Document	30 <sup>th</sup> November 2020	Adult Protection Coordinator and Legal Services	Amber	Carried forward from previous business plan

### 11.3 Inverclyde Adult Protection Committee Training Statistics

Course Name	Agency / Service										Total
	HSCP Social Work	HSCP NHS GG&C	Inverclyde Council	NHS GG&C Acute	Housing Assoc.	Voluntary Sector	Private Sector	Police Scotland	Scottish Fire & Rescue	Other	
Multi-Agency Awareness Training	137	34	1	5	38	68	36	1			320
Financial Harm Awareness Training	23	5		1	16	12	1				59
Procedures Training	16	1								1	18
Hate Crime Awareness & Third Party Reporting	11	6	1		10	8			1		37
Dewis Initiative	10	4	1		2	1					18
Labour Abuse and Human Trafficking Event	14	1	7			5				4	31
Recording and Defensible Decision Making	34	3									37
Self Evaluation Day	27	5	1		2		1	1	1	1	39
Self Neglect and Hoarding Event	30	6			1				2		39