



**ADULT PROTECTION COMMITTEE BIENNIAL REPORT
2016 - 2018
IMPROVEMENT PLAN 2018 - 2020**

Content

Foreword 2

Glasgow’s Priorities..... 3

The Glasgow Context 5

Adult Support and Protection in Glasgow 5

The Adult Protection Committee 6

Quality Assurance 7

Significant Case Review..... 8

Service User Involvement 8

Financial Harm 9

Learning and Development..... 9

Self-evaluation 10

Communication and Engagement 11

The Next 24 Months 12

Adult Protection Committee Improvement Plan 2018 - 2020 14

Appendix I - Adult Support and Protection in Glasgow 18

Foreword

Welcome to the fifth biennial report by the Independent Convener for Glasgow Adult Protection Committee (APC) covering the period 01 April 2016 to 31 March 2018.

Our report reflects on developments since April 2016 but most importantly it outlines the plans and actions we have in place to ensure the continuation of a high quality service through to April 2020.

Although biennial reports are a statutory requirement and help us account to the people of Glasgow for our performance, we also produce quarterly newsletters which are “real time” and interactive. In future our newsletters will reflect our ongoing work to build strong links across all aspects of public protection.

Service users play an absolutely key role in developing our vision, policies and strategic plans. They meet regularly as a subgroup but also have an influential role on the Adult Protection Committee. The Service Users Group developed the following vision statement for our Adult Protection Committee:

By promoting health and well-being we aim to strengthen, safeguard and protect vulnerable people.

The Adult Protection Committee is the primary strategic planning mechanism for inter-agency adult support and protection work in Glasgow. It is responsible for ensuring that agencies work and act in a co-ordinated way on the prevention, identification and response to abuse and neglect. To fulfil this vision the Adult Protection Committee will work:-

- To ensure strategic leadership and ownership of activity in Glasgow to protect adults at risk of harm
- To improve co-operation between agencies in Glasgow in their work to protect adults at risk of harm
- To enhance the development and delivery of services in Glasgow

Glasgow HSCP has a number of strategic plans covering a range of adult services including:

- Older People
- Physical Disabilities

- Learning Disabilities
- Mental Health
- Alcohol and Drugs

Glasgow APC will work in partnership with the HSCP to ensure all adult service plans reflect the need to safeguard and protect vulnerable people.

The report will be produced in formats suitable for a wide range of audiences and will be available on our web site at www.glasgowadultprotection.org.uk.

Glasgow's Priorities

Our aims for adults at risk of harm sit firmly within the vision for Glasgow as a thriving, inclusive and resilient city. It can only be achieved through good partnership working and building relationships with adults at risk, their families and carers in their communities. Our strategic priorities are based on the diverse needs of adults at risk in the city, and are underpinned by the National Health and Wellbeing Outcomes:-

- Outcome 1 – People are able to look after and improve their own health and wellbeing, and live in good health for longer
- Outcome 2 – People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
- Outcome 3 – People who use health and social care services have positive experiences of those services, and have their dignity respected
- Outcome 4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- Outcome 5 – Health and social care services contribute to reducing health inequalities
- Outcome 6 – People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
- Outcome 7 – People using health and social care services are free from harm

- Outcome 8 – People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
- Outcome 9 – Resources are used effectively and efficiently in the provision of health and social care services
[Public Bodies (Joint Working) (National Health and Wellbeing Outcomes)(Scotland) Regulations 2014]

The Glasgow Context

The most recent estimated population of Scotland is 5,424, 800. Glasgow is the largest city in Scotland and the fourth largest in the UK, with a population of 621,020. Glasgow is a vibrant and diverse city but is not without its challenges.

The most recent release of the Scottish Index of Multiple Deprivation rankings show 13 out of 20 most deprived data zones are in Glasgow (Scottish Index of Multiple Deprivation, Scottish Government, 2016). More than 50,000 people claim incapacity benefit benefit/severe disablement allowance/employment and support allowance, representing 9.8% of the 16+ population compared to a Scottish rate of 6.1% (Department of Work and Pensions, May 2016).

In Scotland, Healthy Life Expectancy at birth is 62.2 years for males and 63.4 years for females whilst in Glasgow it is 58.7 years and 59.2 years respectively. 14% of males and 17% of females report having mental health problems, compared with 21% of males and 25% of females in Glasgow. The national average for psychiatric hospital admissions is 270 per 100,000 population but this rises to 359 per 100,000 in Glasgow. (Glasgow City Health and Social Care Partnership Performance Report 2017 – 2018)

Adult Support and Protection in Glasgow

The number of Adult Support and Protection (ASP) referrals between 1st April 2016 and 31st March 2018 was 8590. The second period, 2017-18, saw a 12% increase in ASP referrals made to social work services. The biggest source of referrals was Police Scotland with just under one third of all referrals, which is less than the national average of 44% (Adult Support and Protection National Data Collection 2015-16, The Scottish Government). 7% of referrals led to further ASP action with 65% resulting in further non-ASP action.

742 ASP investigations were completed during the two year period. 42% of referrals were in relation to individuals aged 65 and over, but 2017-18 saw an increase in the number of investigations regarding 23-39 year olds. The Primary Client Group profile for ASP investigations changed considerably from 2016-17 to 2017-18. In the first year, 'Infirmity due to age' accounted for almost half of investigations but this dropped to 14% in 2017-18. The client group 'Physical Disability' rose from 3% to 14%, whilst the use of 'Other' increased from 7% to 28%.

For almost one third of the investigations, the most prevalent type of harm was neglect and this remained steady across the two years. Psychological harm decreased from 24% to 11%, whilst 'other' rose by 15%. A person's own home was where individuals were most likely to experience harm. 35% of investigations resulted in further ASP action, and 50% in further non-ASP action.

The APC receives data and analysis updates regularly, and will continue to interrogate and investigate trends such as the increase in ASP investigations relating to people with a physical disability.

The Adult Protection Committee

The committee is chaired by an independent chairperson and has representatives from a range of backgrounds and organisations including the Health and Social Care Partnership, Police Scotland, NHS Greater Glasgow & Clyde, Scottish Fire and Rescue Service, Community Safety Glasgow, People First Scotland, Glasgow Disability Alliance, The Advocacy Project, Trading Standards, Care Inspectorate and the Mental Welfare Commission.

The committee has a number of subgroups to progress work on its behalf. Each subgroup has a workplan and reports to the committee on the progress of the plan, via the Quality Assurance Group.



Quality Assurance

In August 2016, the Quality Assurance Subgroup was established to work on behalf of the committee to ensure that multi-agency mechanisms are in place to improve practice in adult support and protection work. Its main objectives are to:-

- Deliver a robust performance management framework
- Establish effective systems to monitor the quality of key adult support and protection processes
- Ensure systematic gathering of the views of service users
- Demonstrate a joint approach to self-evaluation which is outcome-focused and evidence-based
- Ensure that management information is gathered and analysed to inform the development of inter-agency adult support and protection practice
- Disseminate the findings from Significant Case Reviews, embed learning and review progress of action points from reviews
- Identify opportunities to share knowledge, skills and learning by promoting a learning culture
- Make effective use of relevant national frameworks to help monitor progress and the impact of services to protect adults

This group is responsible for ensuring sufficient auditing and evaluation mechanisms are in place so the effectiveness of strategic management and operation intervention can be measured. The group is also responsible for the preparation for inspection of adult support and protection services. All other subgroups report to the Quality Assurance group, which monitors and scrutinises the progress of the workplans on behalf of the committee.

The three localities in the city each have a multi-agency Adult Support and Protection Forum, which is chaired by the Service Managers with lead responsibility for ASP and has the remit of translating national and citywide policy into local action, and driving service and practice improvement in the area. Each forum now reports to the Quality Assurance subgroup.

Significant Case Review

Significant Case Reviews (SCRs) are a critical part of continuous improvement, and the committee is responsible for the undertaking of reviews, development of action plans based on the findings of reviews, and overseeing implementation of the action plans. The committee reports on SCRs to the Chief Officers' Group and the Care Inspectorate.

Within Glasgow, there is a protocol in place for SCRs. All referrals are considered by a multi-agency panel, which makes the decision whether to proceed to SCR or not, appoints lead reviewers, monitors the progress of reviews, and reports to the committee on the outcomes. Since 2016, Glasgow has completed one review and a further two are underway.

The way SCRs are undertaken is changing in Glasgow. The committee agreed to implement a model which focuses more on learning about how our systems operate and identifying changes which require to be made, as opposed to scrutinising individual practice. A number of staff have now been trained in the Learning Together model which is provided by the Social Care Institute for Excellence (SCIE), who will also provide mentoring and supervision as we establish the new model.

Learning from SCRs is disseminated via Local Management Reviews, which take place biannually in the three localities, and multi-agency learning events.

Service User Involvement

Glasgow has a Service User Representation Subgroup, with membership including People First and Glasgow Disability Alliance (who also sit on the committee). The subgroup makes a valuable contribution to the working of and decision-making at the committee, and ensures that service user experiences and opinions are considered. It also provides individuals and groups a means of raising concerns regarding policy and practice. The subgroup now participates in the delivery of council officer training, to emphasise the need for service user involvement in investigations. The subgroup note:-

“The group’s involvement in the Adult Protection Committee makes sure that the service user voice is heard and provides opportunities to inform and influence the APC. The subgroup representatives on the APC can question the committee about policies and procedures. They can make recommendations, influence practice and make inputs to training.

The representatives have enjoyed participating in training and development sessions through the APC. They found the joint development session with the Child protection Committee particularly useful and interesting. Another positive development has been the group's input to the council officer training.

The two recommendations from the commissioned research have now been completed. The ASP leaflet and the service user evaluation carried out by The Advocacy Project was endorsed by the APC. These recommendations have been included in the council officer training.

The representatives value the opportunity to be involved and have an input in the significant case reviews.”

Financial Harm

Given the increasing prevalence, understanding and prioritisation of financial harm, a subgroup has been established which is chaired by a Group Manager from Trading Standards. The subgroup has been raising awareness of the issue by contributing to the APC newsletter and distributing information to the various agencies represented on the committee. The subgroup has also researched prevention models used across the country to help identify effective strategies that could be applied in Glasgow. At present, the subgroup is working on a multi-agency training course to assist practitioners to identify and respond to financial harm.

Learning and Development

The Learning and Development Subgroup oversees the council officer and second worker training delivered by the HSCP, and the multi-agency adult support and protection awareness training. The subgroup receives regular reports on the attendance at and evaluation of these sessions. The training is very well received and it has been noted that it contributes to an improvement in the quality of adult support and protection referrals:

“Cordia is the home care provider for Glasgow City Council, providing support to over 5,000 service users from 2,700 home care staff. It was identified that there was a need at supervisor and manager level in the organisation for further Adult Support and Protection training that was up to date with current practice. Home carers are trained to report back any concerns about service users to their line managers. However, in order to identify appropriate referrals and improve

the quality of information being provided in the referrals, a bespoke training session was developed for Cordia's 200 supervisors and managers. The feedback from staff has been very positive, in particular in how it has improved understanding of the referral form and what information assists in the decision-making process. This has led to an outcome of fewer referrals being categorised as 'no further action'." - Cathy Waddell, Service Manager.

Self-evaluation

An Adult Support and Protection tripartite audit was undertaken in July 2017 with file readers from the three agencies involved – social work, health and police. 30 cases were sampled using an audit tool, all of which had had an ASP Investigation initiated. Three indicators were audited:-

- Is the 'at risk adult' safer as a result of our activity (safe from harm)?
- Were the 'at risk adult' and their family supported (respect and dignity)?
- How good is service delivery for 'at risk adults' and their families (multi-agency involvement)?

Across the three indicators, 90% of files read were rated from adequate to excellent, with the remaining 10% deemed weak or unsatisfactory.

The audit determined the following:-

Safe from harm

- Risk to the adult is recognised and responded to, and reduced as a result
- Initial response to the referral is effective in establishing a proportionate protective framework
- An effective risk management plan is established and implemented ensuring support and protection is offered
- The individuals' wider needs are identified and addressed

Respect and Dignity

- Where relevant, the capacity to communicate and consent is assessed and documented
- The person is listened to, understood and their views are respected

- With consent, family members are informed throughout the protection process and given the opportunity to express their views
- The rights of the adult are observed
- The overall quality of life is improved

Multi-agency involvement

- Decisive and consistent leadership in the management of the case was evidenced
- The process of planning to meet needs is progressed systematically throughout
- Agencies understand each other's roles and responsibilities
- Agencies share information appropriately and efficiently
- When a case is concluded, a final inter-agency review of the case is undertaken

A further audit was undertaken in September 2018. This sampled 33 cases where an ASP Investigation had been initiated. The audit tool used was the Care Inspectorate's model of inspection that was used in the thematic inspection of six local authorities in 2017-18. The full analysis report on this audit is being prepared currently. Initial findings show that 91% of the cases showed evidence of a chronology, of which 83% were of reasonable standard. 94% of casefiles contained a risk assessment, with the same percentage demonstrating information sharing with partner agencies. The overall rating for the key processes examined by the model was 'very good'.

Communication and Engagement

The committee has a website, which provides information about the committee, links to policy and procedure documents, and guidance on how to recognise and report concerns about abuse and/or neglect. The committee also has a well-established quarterly newsletter which is distributed electronically to the committee and HSCP staff, and is available on the website. Articles appearing in the newsletter over the past two years include information on ASP legislation and procedures, locality updates, information-sharing and data protection, Police Scotland Concern Hub, advocacy provision in the city, and human trafficking.

In September 2018, along with the Child Protection Committee, the committee held Glasgow's first public protection conference. The event was attended by 114 people from a variety of agencies. There were presentations from People First on 'Sharing Women's Voices'; Children & Families Citywide Forum on 'Communicating with Children and Young People'; The Advocacy Project on 'We need to talk about advocacy'; and HSCP staff on 'Multi-agency Public Protection Arrangements in Glasgow'. 66% of attendees completed an evaluation questionnaire. Of those:-

- 70% felt that the event had met their expectations
- 89% felt that the speakers were relevant, and that content was clear and well-planned
- 82% felt that the event was a valuable use of their time

The mix of speakers and inclusion of third sector organisations was well-received and seen as a key strength of the event, and speakers were described as knowledgeable and inspiring. A minority felt that the breadth of scope of the event was too wide, and expressed a preference for a more specific and focused input. Many commented on how they appreciated the opportunity to network and find out about other services in the city. Participants made a number of suggestions for future events and, overall, were positive about an integrated public protection engagement and development agenda.

The event also saw the launch of the public protection newsletter, which incorporates the APC newsletter. The new look newsletter will include content on topics about adult support and protection, child protection, and some that cover both. The change is in recognition of Glasgow's integrated approach to public protection, and the shared goals and common themes that run throughout the work that we do. We hope it will increase our knowledge and understanding of the broad spectrum of protection issues, and improve the joint working between adults' and children's services.

The Next 24 Months

Members of the committee have participated in two development sessions to consider membership, functioning, priorities and the action plan. As stated, each subgroup has its own workplan which is reviewed and updated on a regular basis. These workplans are designed to ensure the component tasks of the overall action plan are implemented. As we move forward, we will be working to consolidate an integrated approach to public protection with more initiatives

involving both the Adult and Child Protection Committees. To this end, we will continue to have regular interface and development sessions for members of the two committees.

Adult Protection Committee Improvement Plan 2018 - 2020

	Action	Lead	Timescale
Keep adults at risk safe from harm			
	Review and rewrite Adult Support and Protection procedures	Service Manager ASP	September 2018
	Review Adult Support and Protection investigation process Present findings and recommendations to committee	Service Manager ASP	October 2018 January 2019
	Review and promote use of chronologies and 'life events' Present findings and recommendations to committee	Locality ASP Forums/Service Manager ASP/Lead Officer	January 2019 March 2019
	Review of Adult Support and Protection e-forms Present findings and recommendations to committee	Angela McGowan/Michael Robertson	October 2018 January 2019
Learning and Development			
	Merge APC and CPC SCR Protocols	Lead Officer	October 2018
	Review SCR dissemination process and named lead persons	Lead Officer	October 2018

	Implement SCIE Learning Together model for future SCRs	SCR Panel	March 2019
	Obtain accredited reviewer status for lead reviewers	SCR Panel/Lead Reviewers	March 2019
	Review of health's Significant Clinical Incident and Wales models and consider wider application for SCRs and other learning Present findings and recommendations to committee	Lead Officer/Kerry Milligan	January 2019 March 2019
	Advocacy and Service User input to Council Officer training	Training Subgroup/Social Work Services ASP Training section/Advocacy Project/Service User Subgroup	October 2018
	Develop refresher programme for Council Officers	Training Subgroup/Social Work Services Training section	February 2019
	Develop programme for Team Leaders	Training Subgroup/Social Work Services Training section	November 2018
	Develop plan for suite of multi-agency training	Training Subgroup	March 2019
	Communication and Engagement		
	Establish Public Protection Newsletter	Lead Officer/Senior Officer	December 2018

	Increase digital presence of Adult Protection Committee	Lead Officer	July 2019
Performance, Governance and Influence			
	Undertake a multi-agency audit of ASP cases	Service Manager ASP/Lead Officer/All agencies	December 2018
	Plan and deliver a two year programme of self-evaluation of Adult Support and Protection practice	Service Manager ASP/Lead Officer	March 2020
	The Committee will receive regular data and analysis updates to investigate and interrogate trends in ASP activity	Lead Officer/Data Officers/Committee Members	March 2020
	The Committee will review regularly the interface between the APC improvement plan and HSCP Adult Services strategic plans to ensure all reflect the need to safeguard and protect vulnerable people	Committee Members/HSCP leads	March 2020
	Locality ASP Forums to continue to report to QA Subgroup	QA Subgroup/Locality ASP Forum Chairs	March 2020
	QA Subgroup to continue to report to Adult Protection Committee	QA Subgroup	March 2020

	Adult Protection Committee to continue to report to Chief Officers' Group	Independent Chair/Chief Officers' Group	March 2020
--	---	---	------------

Appendix I - Adult Support and Protection in Glasgow

Table 1

Adult Support and Protection Referrals – Source

	1st April 2016 – 31st March 2017	1st April 2017 – 31st March 2018
	4057	4533
Police Scotland	32%	26%
Other organisation	27%	25%
Council	17%	17%
NHS	11%	13%
Social Work	5%	7%
Scottish Fire and Rescue Service	2%	2%
Family	2%	2%
Other	2%	6%
GP	1%	1%
Care Inspectorate	1%	1%
Self	0%	0%
Friend/neighbour	0%	0%
Anonymous	0%	0%
Office of the Public Guardian	0%	0
Scottish Ambulance Service	0	0
Mental Welfare Commission	0	0
Health Improvement Scotland	0	0
Unpaid carer	0	0
Other member of the public	0	0

Table 2

Adult Support and Protection Referrals – Outcome

	1st April 2016 – 31st March 2017	1st April 2017 – 31st March 2018
	4057	4533
Further ASP action	7%	7%
Further non-ASP action	60%	71%
No further action	32%	20%
Not Known	1%	2%

Table 3

Adult Support and Protection Investigations - Gender

	1st April 2016 – 31st March 2017	1st April 2017 – 31st March 2018
	386	356
Female	57%	57%
Male	43%	43%

Table 4

Adult Support and Protection Investigations – Age

	1st April 2016 – 31st March 2017	1st April 2017 – 31st March 2018
	386	356
16 - 24 years	9%	7%
25 – 39 years	11%	16%
40 – 64 years	38%	36%
65 – 69 years	8%	7%
70 – 74 years	5%	8%
75 – 79 years	9%	7%
80 – 84 years	11%	8%
85 years +	9%	11%

Table 5

Adult Support and Protection Investigations – Primary Client Group

	1st April 2016 – 31st March 2017	1st April 2017 – 31st March 2018
	386	356
Infirmity due to age	44%	14%
Mental Health	20%	9%
Learning Disability	19%	22%
Other	7%	28%
Substance Misuse	5%	9%
Physical Disability	3%	14%
Dementia	2%	4%

Table 6

Adult Support and Protection Investigations – Type of Harm

	1st April 2016 – 31st March 2017	1st April 2017 – 31st March 2018
	386	356
Neglect	31%	31%
Psychological	24%	11%
Financial	17%	20%
Physical	15%	14%
Self-harm	9%	7%
Sexual	4%	2%
Other	0	15%

Table 7

Adult Support and Protection Investigations – Place of harm

	1st April 2016 – 31st March 2017	1st April 2017 – 31st March 2018
	386	356
Own home	61%	62%
Other	13%	12%
Care home	11%	14%
Other private address	7%	4%
Public place	6%	5%
Sheltered or supported accommodation	1%	0%
NHS	1%	3%
Independent hospital	0%	0
Day centre	0	0

Table 8

Adult Support and Protection Investigations – Outcome

	1st April 2016 – 31st March 2017	1st April 2017 – 31st March 2018
	386	356
Further ASP action	37%	33%
Further non-ASP action	49%	52%
No further action	9%	9%
Not known	5%	6%