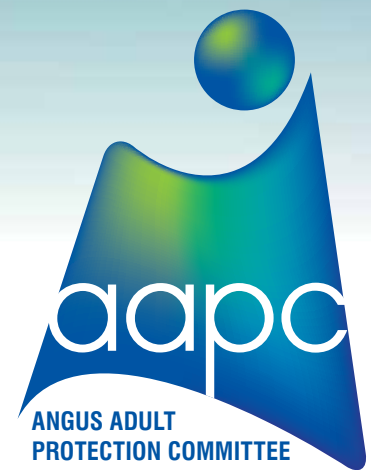


# Angus Adult Protection Committee ANNUAL REPORT 2010/11



working together to protect adults at risk of harm in angus

**Angus Adult Protection Committee  
Annual Report 2010-2011**

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## FOREWORD

### **'It's everyone's job to make sure I'm alright.'**

This, the well known title of the report of the audit and review of child protection in Scotland in 2002, set the expectation and scope of the work and effort that is needed to protect children in Scotland. It is a statement which applies equally, and just as importantly, to the protection of adults who may be at risk of harm.

This is the fifth annual report of the Angus Adult Protection Committee. It builds on the first biennial report to Ministers of the Scottish Parliament, takes account of the Minister's response, and sets out the achievements of the partnership in 2010/2011. Work in progress is outlined and the action plan for 2011/2012 sets out our plans for the coming year.

Continuing our work to raise awareness that everyone has a potential part to play in the protection of adults at risk of harm is a key focus in Angus. There is evidence of considerable success. During 2010/2011, 565 people were referred as adult protection concerns, an increase of 74% on the previous year. From these, there were 467 adult protection inquiries, leading to 86 adult protection investigations. The resulting initial and review case conferences showed an increase of 41% on the previous year and a 48% increase in the number of adult protection plans in place at any one time. This is a significant increase in the workload of partner agencies and shows a strong commitment in Angus to a preventative approach as well as commitment to act to protect and support adults where there is clear evidence and risk of continuing harm.

Twenty three protection orders were applied for and granted by the Angus sheriff courts. They show a strong connection between substance misuse as the motivation for the financial abuse of an adult. This underlines the importance of the work of the committee to develop strong links across the public protection agenda.

Throughout 2010/2011 work has continued to develop and extend the scope and availability of training, and to put in place policies, guidance and processes to assist and support staff in their work alongside self evaluation and audit to inform and improve practice.

Increasingly, the focus on the impact and outcomes of adult protection services informs the work of the Angus Adult Protection Committee. It is essential to build and sustain this strong connection between the realities of direct work to protect adults at risk and the work and role of the adult protection committee.

Much has been achieved during the past year and I am grateful to all partners for their continued hard work and commitment to take forward work to protect adults who may be at risk of harm in Angus.

Margaret Wells  
Independent Chair  
Angus Adult Protection Committee

## 1. The Angus Adult Protection Committee

The Angus Adult Protection Committee was established in 2006 in advance of the enactment of the Adult Support and Protection (Scotland) Act 2007. The lead partner agencies in Angus considered it beneficial to establish a local adult protection committee to progress the implementation of the Act locally and to oversee the development of procedures and practice in Angus to ensure the protection of adults at risk of harm. The proposal was agreed by the Angus Adult Protection Executive Group and the first meeting of the new committee took place on 19 July 2006.

The adult protection committee agreed a constitution on its inception. This constitution was reviewed in 2009 in light of the legislation and the national guidance for adult protection committees. The committee meets quarterly, reports to the Angus Adult Protection Executive Group three times a year and provides an annual report in relation to its work. The committee membership and partnership representation is as follows:

Tayside Police	1 member
Angus Community Health Partnership	2 members
Medical practitioners	2 members
Angus Council	3 members
Voluntary sector	2 members
Care Commission	1 member
Procurator fiscal	Invited at least annually

Margaret Wells is the independent chair. Mrs Wells is an independent consultant with wide experience at an executive level in both local government and the NHS.

The committee's interim chair was originally an officer from Angus Council Social Work and Health, who now chairs the Angus Child Protection Committee. Because of this, there is a strong link between the two committees which benefits both and ensures that common and overlapping issues are addressed. An adult protection/child protection liaison group to address common issues had its first meeting in September 2010. The remit, membership and an action plan have been agreed. This group will meet bi-annually.

### 1.1 Objectives of the Angus Adult Protection Committee

The objectives of the committee are as follows:

- establish mechanisms to develop policies and strategies, ensuring that users and carers are actively engaged in this.
- develop systems and procedures that identify adult protection concerns and the means of dealing with referrals.

- produce guidance for and participate in significant case reviews and oversee the implementation of the learning that has emanated from the process.
- devise, implement and evaluate appropriate education and training programmes.
- create appropriate information sharing policies, procedures and practices.
- monitor, audit and review the implementation and impact of policy.
- monitor performance and report to the Scottish Ministers on progress against agreed outcome measures in adult protection.
- oversee the publication of public information.

The Angus Adult Protection Committee has established three sub committees. The training sub committee was formed in 2007 and has met regularly. Both the policy and practice sub committees were established in December 2009. All three sub committees meet at least quarterly and the chairs meet with the independent chair on a quarterly basis. Each sub committee has an agreed work plan and carries out the tasks identified on the committee action plan. The sub committee members represent the partner agencies and are instrumental in consulting with their agencies about adult protection issues.

The committee held a development day on 19 March 2010. The purpose of the day was to review progress and determine direction and focus in the coming year. The committee, the chairs of the sub committees and the members of the executive group discussed various themes and agreed a vision statement.

From the day, an action plan was developed which informed the action plans for the committee for 2010/2011 and 2011/2012. The vision statement chosen was "*working together to protect adults at risk of harm in Angus*". It was agreed that the committee would hold a development day every year. The next development day is planned for later in 2011 and will inform the work of the committee for the next two years.

## 1.2 Local governance arrangements

The Angus Adult Protection Committee reports to the Angus Adult Protection Executive Group which is chaired by the chief executive of Angus Council. This group meets three times per year and oversees the work of the committee. The executive group comprises of chief officers from Angus Council Social Work and Health, NHS Tayside, Tayside Police and the chair of the adult protection committee. The executive group is responsible for governance in relation to both the adult protection and child protection committees and therefore links are made to the wider public protection agenda.

### 1.3 Tayside partnership arrangements

Across Tayside each of the three local authority areas has an established multi-agency adult protection committee.

In order to facilitate co-ordination of activity across the three areas, the Tayside Adult Protection Steering Group was established in 2008. This steering group is a co-ordinating group and executive decision making powers remain with the three local adult protection committees. The Tayside group ensures the co-ordination of service developments and promotes the sharing of ideas and good practice across the three local authority areas.

Representation on the group is at senior officer level along with independent chairs in order to influence practice and service developments. It is chaired on a rotating basis by the representatives from the local authorities given their lead responsibility for adult protection. The benefit of joint working across the three local authority areas has already been evidenced by a number of joint projects:

- *Tayside multi-agency adult support and protection protocol*  
At a Tayside level the *Protecting Vulnerable Adults in Tayside Multi-agency Protocol* was developed by the three Tayside local authorities, Tayside Police and NHS Tayside. This protocol, launched on 14 December 2005, specified in a step-by-step guide how referrals should be responded to and managed by the key agencies. The Tayside protocol has been reviewed by partner agencies and re-issued in January 2011 as *Protecting and Supporting Adults at Risk in Tayside Multi-agency Adult Support and Protection Protocol* in light of the introduction of the Act.
- *Adult protection conference*  
It has been agreed by the Tayside steering group that annual conferences will be planned and hosted in the three Tayside areas on a rotational basis.

Angus hosted the first adult protection conference in March 2009 entitled “*decision making in adult protection*”.

The conference in 2010 organised by the Dundee Adult Protection Committee took place on 19 November 2010. It brought together 150 delegates to consider policy and practice issues in relation to protecting adults against harm. Staff from Angus, Dundee City and Perth and Kinross councils, Tayside Police, the Scottish Government, NHS Tayside, the Mental Welfare Commission and the Care Commission attended.

The Perth and Kinross Adult Protection Committee will host the next Tayside adult protection conference on 23 November 2011.

➤ *Tayside training*

The three local authorities have co-operated in the development of protecting people induction training. This is now being delivered across the three authorities. An adult protection basic awareness training CD-ROM was developed in Angus and has been adopted as a Tayside resource.

➤ *Tayside working group*

The adult protection lead officers meet six-weekly to work on a number of projects which improve the co-ordination of adult protection work across Tayside. Recent work includes:

- exploring the possibility of developing adult protection messaging/data sharing across agency and local authority boundaries.
- developing Tayside adult protection standards.
- exploring the development of a Tayside adult protection outcomes framework.
- capacity and consent training for trainers proposal.
- risk assessment and risk management guidance review.

## **2. Service users and carers**

People who use services, potential users of services and adults at risk are the central and fundamental focus of the work outlined in this report. It is essential that service users, who may at some time in their lives require protection, are able to contribute to the work of the committee. Over the past two years there has been a concerted effort to include adults at risk in adult protection processes, such as attendance at case conferences.

A wider public awareness campaign aims to raise awareness in the community which includes adults at risk and is detailed in section 6.

A number of service user and carer events have taken place over the past year to inform service users and carers about adult protection and to ask how they would want to be involved with the committee's work. In the coming year a key objective is to continue this work and to strengthen arrangements to include the views of service users and carers in the work of the committee. The proposal to involve service users and carers is outlined in section 2.6.



## 2.1 Adults at risk

From early statistical information (detailed in section 3) the following trends are emerging:

- In keeping with the previous year's data, almost twice as many women were harmed or at risk of being harmed than were men. This is in keeping with research findings from the University of Kent in 2006.<sup>(1)</sup>
- Most adults at risk were aged below 65 years. Thirty four per cent of people who were harmed were in the age range 50-64, 15% were in the age range 35-49 and 15% in the 21-34. People in the older age group 65-85+ formed 29% of the adult protection workload. It might be expected that a greater proportion of adults at risk would be over 65, given the proportion of the population and the University of Kent research referred to above. However a benchmarking exercise with neighbouring authorities shows the proportion of older people in Angus identified as adults at risk is very similar in these authorities.
- What is notable is the number of adults who have been financially exploited (60%) which is an increase of 15% on the previous year. Financial harm has been the most prevalent type of harm, followed by emotional harm (46%). Physical harm occurs in 34% of cases. Neglect accounted for 25% of all cases and self neglect also amounted to 25%. Because the reporting system allows for a number of categories of harm to be identified, these statistics reflect the fact that people can be subject to multiple types of harm. In 2011/2012 data collection will be refined to indicate primary and secondary types of harm.

*An individual who had a serious long term health condition was not willing to accept protective measures, despite being subject to physical life threatening harm by a relative. After persistent work the adult at risk consented to protection by the involvement of community care staff and the domestic abuse service and a multi agency adult protection plan was put in place.*

## 2.2 Service user outcomes

The record of review at case conferences includes two key questions: "do those present at the meeting feel that the adult at risk is safer as a result of the adult protection procedures in place?" and "does the service user feel safer as a result of the adult protection procedures in place?" These questions were added to the review process on 31 July 2010 and are a step forward in evidencing that adult protection procedures are making a difference to people's lives.

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<sup>1</sup> "Exploring the incidence, risk factors, nature and monitoring of adult protection alerts", Whelton, Cambridge, Milne, Mansell et al 2007

Between 31 July 2010 and 31 March 2011, 29 out of 35 (83%) adults subject of an adult protection plan felt safer as a result of adult protection procedures. In the same time period 88% of those present at an adult protection review case conference felt that the adult was safer as a result of adult protection procedures.

### 2.3 Adult protection outcomes framework

The senior planning officer for adult protection also reports to the Community Care and Health Partnership (CCHP) as part of the governance arrangements for community care services. The CCHP in turn reports to the Angus Community Planning Partnership. This ensures that adult protection is integrated into the wider business of the community planning partnership and that links are made with the wider public protection agenda.

Outcomes, indicators and activity measures have also been developed to demonstrate continuous improvement and adult protection outcomes will be incorporated into the Angus Community Care Plan. Performance against these measures will be monitored through the CCHP.

Adult protection outcomes and indicators have been developed to measure the following:

- improved safety for adults at risk.
- frontline staff are supported to undertake their duties to protect adults at risk.
- improved inclusion in adult protection processes for adults at risk.
- improved public awareness of the duty to protect adults at risk.

Baseline information is being gathered in relation to these outcomes and improvement targets will be set in 2011/2012.

### 2.4 Service user contribution to adult protection processes

Over the past two years there has been a focus on involvement of service users in case conferences and in supporting them to contribute. There is a presumption that the adult at risk will attend the case conference unless there is good reason not to do so. Work to support service user contribution has included:

- operational guidance.
- a mentoring system to remind staff to invite and support service users to attend.

- flexibility as to where case conferences are held (e.g. in a person's own home).
- at a case conference the views of the adult at risk are recorded when expressed by the service user or known by others at the conference.
- in all cases the support of an independent advocate is offered to the service user and they are automatically invited to the case conference if the adult lacks capacity.

Service users (adults who may be at risk of harm) have attended 41% of all case conferences held during the reporting period and there is a clear increasing upward trend in service user participation and an increase of 22% on the previous year.

In the reporting period, attendance by service users who were invited to case conference was 58%. Service users were invited to 71% of all case conferences held, an increase of 8% on the previous year.

Where service users were not able to attend, for example because of profound learning disabilities or physical/mental ill-health, their views were sought through the involvement of, for example, the clients' rights service or through an independent advocate. The views of service users were recorded in the minutes of 132 case conferences (96%).

## 2.5 Service user information

A service user leaflet was published in December 2009 to inform people who may be at risk of harm about their rights under the legislation and contact numbers for adult protection in Angus. Leaflets were distributed to public areas in council and NHS buildings, waiting areas and to voluntary organisations.

A leaflet for service users attending case conferences has been developed in 2010/2011 and is issued detailing the purpose of the case conference and how service users can make their views known.

## 2.6 Service user engagement

The focus of the work of the adult protection committee to engage service users to date has been to explore how their views can be represented. The outcome of this exploration is detailed below.

The committee decided to engage with service users via the community care planning structure and through user groups and self advocacy groups in Angus. Service users are a diverse and widespread group living in a wide range of circumstances and in receipt of a wide range of services, therefore, no one person could represent service users on the committee.

Work is taking place to raise awareness among service users and carers about the legislation and the existence of the Angus Adult Protection Committee. The first phase of informing and discussing with users about what the Act means for them is in progress and is as follows.

Consultation with the Mental Health Reference Forum took place in July 2010. This forum includes representatives of service users and service providers and contributes to decisions about mental health service policy, practice and development. It was agreed at that meeting that engagement with service users with mental health problems will be through Augment, a local advocacy service. A focus group has been formed and, with the help of Augment, the Angus adult protection strategy has been discussed.

Engagement with people over 50 years old will be through voluntary sector organisations via local forums. Both the Angus Gold Area Network and Dementia Network have been involved in discussions about service user consultation. The Dementia Network plans to have a further discussion with their wider membership about how they want to be involved in the work of the committee.

Awareness events and consultation with people with learning disabilities arranged for November/December 2010 were cancelled due to heavy snow. These events will now take place in May 2011. Service users with learning disabilities were involved in developing an adult protection leaflet specifically for their needs.

In addition, a consultation section has been added to the Angus Adult Protection Committee website. This was advertised through a press release and all Angus citizens have been asked to comment on the adult protection strategy.

Methods of service user information and engagement have been incorporated into a communications strategy, which was developed in this reporting period.

## 2.7 Carers

Angus Carers is an important source of information and support to carers. An awareness event took place in May 2010 and carers had some suggestions about how they might be able to contribute to the adult protection agenda. A small group of carers who are interested in contributing to local authority and NHS policy and strategic planning have been provided with the necessary training by Angus Carers.

Following a carer's event in March 2011, Angus Carers decided to form a focus group. To date, four carers from the core group have met and have given comments on the Angus adult protection strategy and suggested an action for the committee around awareness raising for older people who may be isolated and do not generally use the internet.

### **3. Management information**

#### **3.1 Information and performance management**

Management information is vital in informing the committee whether the training, staff guidance, public awareness and policies are having a positive impact on the identification and the protection of adults at risk.

There has been significant work to progress the collation of statistical information throughout the year. Each community team provides monthly information and the data is entered onto a database by the adult protection review officer. Statistical reports are then produced in respect to activity levels and performance.

The committee receives statistical information and analysis quarterly. The practice sub committee also considers the information and trends and makes recommendations to the adult protection practice and training sub committees as a result of issues identified by the statistical information.

Angus Council has been contributing towards the discussions of the national adult protection chairs group. This group has been working on the development of national datasets. Agreement of the local authorities across Scotland to the principle of developing unambiguous national datasets could facilitate national comparisons in respect to activity and performance.

#### **3.2 Analysis of statistical information**

Between 1 April 2010 and 31 March 2011, 565 people were referred to Angus Council Social Work and Health concerning adult protection, an increase of 74% on the previous year. Of these, 474 were adult concern reports from Tayside Police.

The increase in referrals is largely explained by the increase in the number of adult concern reports sent by Tayside Police's eastern division. During 2010/2011, Tayside Police changed the format for these reports. The change means that police officers attending incidents concerning adults who may appear troubled or vulnerable no longer assess whether the three point test as defined by the Adult Support and Protection (Scotland) Act 2007 is met. This change to the police procedure has widened the criteria that include individuals who may be at risk and are thus referred to Angus Council. It is expected that there will be approximately 1,100 adult concern reports sent by the police to Angus Council in 2011/2012.

Out of 565 referrals there were 467 adult protection inquiries and, in 86 cases, suspected harm to adults at risk was fully investigated. There have been 49 initial case conferences and 89 review case conferences (an increase of 41% on previous year case conferences).

There was an increase of 35% in medical examinations undertaken following an adult protection referral from the previous year. A review of medical examinations was undertaken and findings are detailed in section 4.4.

Over the course of 2010/2011, 65 adults at risk (up 48% on the previous year) were protected by implementation of formal adult protection plans agreed at adult protection case conferences.

During the year there were applications to the Angus sheriff courts for twenty three protection orders and all were granted. Nine adults were subject to protection orders and these are detailed below. There was a review undertaken of the use of protection orders in Angus and the findings are detailed in section 4.3.

*A man with disabilities experienced neglect in a care home, with care home staff having difficulty balancing the needs and capacity issues of the adult at risk with the wish to give self determination to the adult. Joint work with the Care Commission took place with the care home around implementation of care plans.*

#### **4. Significant case reviews**

A significant case review (SCR) multi-agency protocol is in place. This document was adapted from the child protection SCR protocol which is tried and tested. To date, no significant case reviews have been required. However, the protocol has been tested by the practice sub committee which conducts case reviews using the template. The practice sub committee will take the lead in any initial case reviews and a report will be prepared for the chair and senior officers who will decide whether a significant case review is required and appoint a review group. The review group will report to the committee and an improvement plan agreed which will be monitored by the executive group.

##### **4.1 Case reviews**

The practice sub committee undertakes case reviews where managers in the partnership identify the need to consider practice issues. At each bi-monthly meeting one case is reviewed and any issues requiring action are added to an improvement plan. The progress against actions on the improvement plan are disseminated to all partner agencies via the adult protection committee. There were two cases reviewed in 2010/2011.

In addition, cases are identified for self assessment by the service. In the reporting period two cases were self assessed by the service and actions have been added to the improvement plan.

It is too soon to draw conclusions about general trends as each case had its own issues for improvement. As more cases are reviewed as detailed then more trend information can be drawn. Examples of areas for improvements are:

- information held in the agency being available to attendees of case conference.
- referral systems in agencies being more efficient.

- adherence to operational instructions regarding timescales, thresholds and referral to independent advocacy.
- inclusion of current risk assessment in case records.
- the referring agency being invited and represented at case conference.

Actions to improve those areas included:

- training to launch the operational instructions.
- new referral and screening systems.
- inclusion of input from independent advocacy in training currently being developed for council officers.

#### 4.2 Audit and evaluation

The practice sub committee has recently audited three cases using the national pilot audit tool which is being piloted by a number of local authorities in Scotland. The audit was multi-agency and has resulted in some recommendations. These actions have been developed into an improvement plan which is taken forward by each agency.

It was clear from the audit that staff from all agencies had worked together and had helped to protect the adult at risk. It was also identified that the adult was safer as a result of the adult protection procedures and that the adult had had their wider needs met. However it was also identified that communication processes and systems within agencies could be more robust. In all cases, an independent advocacy referral could have been made earlier. Specific key recommendations have been developed by the practice sub committee into an improvement plan and reported to the committee.

#### 4.3 Review of protection orders

Because Angus has used protection orders regularly throughout 2010/2011 a review of the protection orders applied for and granted under the Act has been undertaken.

The findings of the review were as follows:

- In all cases, other alternatives to application to the courts for a protection order had been considered or had been tried.
- In all cases, application for a protection order had been unanimously recommended at an adult protection case conference.
- Twenty three protection orders were applied for and the Angus sheriff courts granted all of them.

- Six out of the seven adults subject to banning orders (86%) are recorded as having felt safer as a result of adult protection measures – and the other one is still in the “too soon to say” category as it is a recent temporary order that has been granted.
- In respect to six out of the seven adults subject to banning orders (86%), the professionals at review case conferences subsequent to banning orders having been granted, expressed the view that the adult at risk was safer as a result of the adult protection measures having been taken – and the other one is still in the “too soon to say” category as it is a recent temporary order that has been granted.

#### Other general findings

- nine adults were subject to protection orders.
- one adult was protected by a single assessment order.
- one adult was protected by a single removal order.
- seven adults were protected by a total of 21 banning orders.
- of the 21 banning orders, 11 were temporary orders, 10 were full orders.
- two banning orders were “renewals” - cases where fresh orders were applied for at the end of previous banning orders.
- a total of nine people were banned from approaching adults at risk through successful applications to the sheriff courts for banning orders.

Because 21 of 23 orders (91%) were banning orders, an analysis of these was undertaken to identify any pattern or common thread.

#### **The adults at risk**

- six of the seven (86%) adults were between 55 and 64 years old, the other was aged 34.
- five of the seven (71%) were men.
- six out of the seven were “more vulnerable” as a result of physical illness/frailty.
- seven out of seven (100%) were victims of financial harm.



## **The adults who were banned**

- Of the nine people banned by orders from approaching adults at risk, nine (100%) had substance misuse problems that were directly related to financial exploitation of the adult at risk.
- Of the nine people banned by orders from approaching adults at risk, six (67%) had serious illegal drug problems.
- Of the nine people banned by orders from approaching adults at risk, six (67%) had alcohol problems.
- Of the nine people banned, three (33%) were affected by both alcohol and drug problems.
- Of the nine people banned from approaching adults at risk, four (44%) were friends and five (56%) were close family members.
- This pattern has emerged in spite of recent research which indicated that Angus has a below average prevalence rate for drug injecting people aged 15 – 64 years (0.31%, compared to the Scottish rate of 0.71%.<sup>1</sup>).

## **Assessment and removal orders**

Since only one of each order has been applied for and obtained in Angus, it is impossible to draw any meaningful conclusions other than those contained within the general findings above.

## **Conclusion**

The brief review of the protection orders successfully applied for in Angus has indicated that:

- The orders have been effective.
- They have either reduced or ended financial harm of adults at risk by adults involved in serious substance misuse.
- The orders were all unanimously recommended at an adult protection case conference, were all recommended after all less intrusive options had been tried and/or considered.
- No application for a protection order in Angus has been refused by the courts.

A further review of the protection orders in Angus will be conducted in respect to the orders granted in 2011/2012.

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<sup>1</sup> Statistics taken from paper "Estimating the National and Local Prevalence of Problem Drug Misuse in Scotland" written by Caroline Snowdon, Information Officer, Tayside Alcohol and Drug Partnership

#### 4.4 Review of medical examinations

A review of adult protection referrals and medical examinations has been undertaken. This analysis showed where adults have been referred because of concerns that they may have been at risk of either physical or sexual harm and did not receive a subsequent medical examination.

The review found that most of the referrals concerned potential rather than actual harm. Other such cases involved very minor or historical harm. In some cases medical examinations had been undertaken but not as a direct result of the adult protection referral. This analysis indicated that medical examinations were being used appropriately as part of adult protection work in Angus. It is intended that monitoring will continue in respect to this matter.

### **5. Public information**

#### 5.1 Publicity campaign

Following the national “act against harm” media campaign, a local adult protection campaign was launched. The actions detailed below were completed:

- posters distributed to public waiting areas.
- press releases.
- development of a leaflet for people with learning disabilities.
- development and launch of the Angus Adult Protection Committee website.
- marketing stalls at eight Angus summer fairs and at the Angus Health Fair.
- promotional materials developed in partnership with the Angus Child Protection Committee for public distribution.
- an information pack for GPs.

The following initiatives are being considered in relation to public awareness:

- advertisements on supermarket till receipts.
- an article for Angus Life; a free newspaper which is distributed to over 50,000 households in Angus.
- advertisements on buses and waste collection vehicles.
- TV advertising in partnership with other local authorities.
- advertising in post offices.

## 5.2 Public engagement and consultation

The Angus Adult Protection Committee website now has a public consultation section to allow members of the public to comment on documents posted there. Currently the draft Angus multi-agency strategy is posted in this section.

At the Angus summer fairs a questionnaire was completed with members of the public asking if they would know who to contact if they were concerned about an adult at risk of harm. Details of contact numbers and information about adult support and protection were distributed throughout each event.

The questionnaire was completed by 357 people. Out of 256 adults and 151 young people who responded, 98 said they would contact social work; 195 said that they would phone the police; 25 said that they would speak to their GP or another NHS employee. Forty-six young people said they would report their concern to a member of their family or another adult. Generally people were confident that something would be done to protect the adult if they reported it. Responses showed that 280 adults and young people were confident that something would be done to protect adults if they reported a concern and only 41 people said they were not confident. This exercise will be repeated in 2011 and the information will be used as a baseline measure of the effectiveness of adult protection publicity and may inform future campaigns.

A communications strategy has been developed drawing together a number of ongoing work streams to engage staff, the public, service users and carers. The action plan to take forward the strategy is incorporated into the committee action plan which is considered at every adult protection committee meeting.

## 6. Management of services and staff

### *Angus Council Social Work and Health*

In accordance with the local partnership agreement in relation to the lead agency arrangements, Angus Council Social Work and Health is the lead agency for learning disabilities, physical disabilities and older people services. NHS Tayside is the lead agency for mental health under 65 services. Posts in community care services are either held by the local authority or community health partnership and the team leader may be employed by either, depending on the host agency.

In addition, care managers employed by Angus Council Social Work and Health may be from a number of professional backgrounds, including registered social workers, nurses or occupational therapists.

All eligible council officers undertake adult protection functions. Adult protection is therefore managed by team managers and service managers across the service and adult protection services are distributed throughout community care. The staffing levels in community care were augmented using the allocated implementation funding to take into account the extra work which would be generated from adult protection procedures.

In addition to the augmentation of teams an adult protection review officer (APRO) undertakes the chairing of adult protection case conferences and reviews. This post is directly managed by the senior manager for community care who has lead responsibility for adult protection. The APRO has a dedicated senior clerical officer.

A senior planning officer was also recruited to support the adult protection committee, to undertake the strategic and policy work and to contribute to the design and delivery of adult protection training. The senior planning officer is managed by a principal planning officer and sits in the directorate support unit alongside other partnership posts, including the Angus Violence Against Women Partnership, Angus Alcohol and Drugs Partnership, Angus Child Protection Committee and Choose Life. There is a senior clerical officer allocated to adult protection administration.

#### *Tayside Police*

Adult protection matters in Angus are dealt with by Tayside Police's public protection unit (PPU). A detective inspector heads this unit and the PPU deals with adult protection, child protection, domestic abuse and multi-agency public protection arrangement (MAPPA) referrals. Recently local community liaison officers have become increasingly involved with adult protection and they now attend the majority of case conferences. These officers bring local knowledge to the case conference and are able to ensure that all local officers are fully aware of any action plan that is put in place. This has been very successful in regard to a number of banning orders that have been granted. The adult at risk who is the subject of the order is given a police liaison officer as a dedicated point of contact. This reassures the adult and ensures that any breaches of the order are dealt with appropriately.

#### *NHS Tayside*

Adult support and protection is now addressed through NHS Tayside's safety governance and risk arrangements and lead officers for particular aspects of adult support and protection within NHS Tayside have been identified as follows:

Executive lead officer	Medical director NHS Tayside
Lead officer education and training	Head of workforce knowledge and skills
Lead officer medical examinations	Associate medical director primary care
Lead officer acute services	General manager surgical directive
Support for executive lead officer	Health strategy support officer

An agreement has been reached to establish an NHS Tayside adult support and protection implementation group which will be chaired by the medical director. The proposed remit for this group would be to develop, oversee and ensure implementation of effective adult support and protection arrangements throughout NHS Tayside in accordance with the Adult Support and Protection (Scotland) Act 2007.

The remit of the implementation group includes, but is not restricted to:

- operational management of adult support and protection activity;
- access to medical examinations for the purposes of the Adult Support and Protection (Scotland) Act 2007;
- education and training for NHS Tayside staff.

## 7. Budget summary 2010/2011

Angus was allocated £333,000 in 2010/2011 from the Scottish Government. £274,000 was spent, the largest spend being staff costs. The training spend was down from £12,000 in the previous year 2009/10 to £9,000 in 2010/2011 despite the commissioning of multi-agency training. This reflects the cost attributed in 2009/2010 to the development of the basic awareness training CD-ROM.

Expenditure is as follows in the table below:

Expenditure	Costs (£000)
Staffing - care managers (3.5)	116
Staffing – administrative support (2)	61
Staffing – adult protection unit (2)	64
Chair of committee (including third party costs)	16
Running costs of committee	4
Training	9
Legal costs	1
Other costs (publishing etc)	3
<b>Total spend</b>	<b>274</b>

## 8. Communication and cooperation between agencies

In Angus there is a history of strong partnership working which has resulted in enthusiastic co-operation between the partner agencies and a commitment to working together to make a difference to people who are at risk at all levels of the organisations. The achievements against the action plan for 2010/11 and minutes of the meetings evidence a strong partnership commitment to delivering on key actions. The outcome of this strong partnership working is reflected throughout this report.

## 8.1 Key achievements 2010/2011

To illustrate the work that has taken place the achievements of the adult protection committee include:

- developing, publishing and distributing local multi-agency operational staff guidance.
- delivering a multi-agency training programme for adult protection.
- reviewing training requirements of the independent/voluntary sector.
- liaising with the child protection committee regarding the possibility for joint training and developing an action plan.
- developing systems to monitor the adult protection process.
- a multi-agency audit.
- developing and consulting on a formal inter-agency strategy for the protection of adults at risk.
- contributing to the review of the Tayside adult protection protocol.
- implementing the action plan following review of the mental welfare commission report.
- reviewing available information and developing proposals for public information.
- developing networks for consultation and involvement of the public in the adult protection agenda.
- developing a communications strategy to bring together the various strands of work to improve communication and engagement with stakeholders.
- developing adult protection outcomes and collecting baseline outcomes information.
- developing adult protection standards.
- auditing current systems in place for identifying and protecting adults at risk.

## 8.2 Examples of effective partnership working

### *Multi-agency strategy*

A multi-agency adult protection strategy has been developed in 2010 and will go out for consultation in the coming year via the adult protection website and through agreed routes of engagement. Adult protection outcomes have been agreed (as outlined in section 2.3 of this report) and adult protection outcomes are included in the Angus Community Care Plan 2011 – 2014.

### *Information sharing*

The Tayside Data Sharing Partnership works across the partner agencies in Tayside to facilitate the safe transfer of information between agencies. The Tayside information sharing protocols have been agreed between the three local authorities and NHS Tayside. This protocol is a high level agreement and is currently being examined by Tayside Police's data protection department to ascertain whether the protocol will also be adopted by Tayside Police.

### *Joint work with the Angus Child Protection Committee*

Formal links with the Angus Child Protection Committee have been established to explore common interests and shared pieces of work including the possibility of joint training. Joint publicity materials have already been developed along with joint attendance at Angus summer fairs. A child protection/adult protection liaison group has been established to oversee the joint work identified. An example of this is the development of multi-agency training in relation to chronologies in relation to adult and child protection.

### *Multi-agency adult protection guidance*

Angus multi-agency staff guidance has been developed to ensure that staff in all agencies know and understand their roles in relation to adult protection. This has been developed by the policy sub committee and agreed at committee level. It has been published and distributed throughout the partnership for staff to access. The step-by-step guide to adult protection procedures is identical in format to the Tayside multi-agency protocol which has been reviewed by the lead officers in Tayside but is written particularly with reference to local practice and procedures. The multi-agency guidance is also consistent with the NHS Tayside internal operational procedures and with Tayside Police operational guidance.

### *Adult protection standards*

Adult protection standards have been developed in Angus and are in draft. These have been shared with Tayside partners with the view to developing Tayside standards. Nationally, the Association of the Directors of Social Work (ADSW) adult protection sub committee will develop a national standards framework to which the Angus committee will contribute. Adult protection standards will ensure that the quality of adult protection work at an operational and strategic level can be measured.

### *Adult protection showcase event*

The showcase event brought together agencies involved in adult protection work who presented their perspective and role in adult protection. Attendees from services throughout Angus gave positive feedback about the event and this model will be used in future multi-agency events.

### *GP information packs*

GP information packs were developed in Angus and have been disseminated throughout Tayside. The packs include information about the legislation and local contact details. The adult protection CD-ROM is also included.

### 8.3. Partnership working to protect adults at risk

The staff who work directly with adults at risk are equally committed to working together to support and protect adults. The activity information in section 7 is an indication of this work. A reflection of the success of this work is that 83% of adults at risk at review case conference feel safer as a result of protective action taken on their behalf. Short case studies are included throughout this report, which provide examples of positive outcomes for adults at risk as a result of co-operative adult protection work.

Particular examples of co-operation on cases are as follows:

- There has been considerable joint work with the police in relation to policing the banning orders taken out to protect seven individuals. Police community officers make regular checks to make sure the order is not contravened and if breaches occur these are dealt with robustly, with good co-operation from the procurator fiscal.
- Angus Council Trading Standards has done some important joint work with staff from Social Work and Health to investigate and prevent further financial harm from scams. Trading Standards has also assisted significantly with adult protection cases, including attending adult protection case conferences and initial concern discussions, involving companies selling financial products to people who lack the capacity to understand the consequences or to sign financial contracts.
- The Care Commission is aware of examples where registered services in Angus have responded promptly and appropriately to allegations or concerns about adult protection issues. The responses have shown knowledge of the principles of the legislation and a clear understanding of the operational processes; both these aspects have underlined the services' approach to promoting and enhancing positive outcomes for their service users.
- Attendance of professionals from each agency reflects considerable co-operation between agencies to protect adults at risk. A high ratio of attendance to invitation is recorded. Efforts have been made to engage GPs through the dissemination of information packs and although the times of case conferences conflict with surgery times some GPs have gone out of their way to provide information when attendance was not possible. In many cases another health professional is better placed to attend than the person's GP and they attend with information collated from GP and other health records.



- The audit of three cases found that the multi-agency network pulled together to ensure that the adult at risk was safer as a result of considerable input from statutory and non statutory agencies.

*Ms B was at risk of self harm and self neglect which included the concern that she would set her home alight. This was an example of a well co-ordinated piece of work between Tayside Police, Tayside Fire and Rescue, Angus Council Social Work and NHS psychiatric services to address the risks arising from mental health problems. The risk was reduced as a result of prioritisation of mental health needs by psychiatric services.*

## 9. Training

A multi-agency training strategy has been developed and a programme of multi-agency training has been devised. This training has been developed since the introduction of the legislation. Prior to the introduction of the legislation training programmes targeted all professionals working in care management teams in community care services.

### 9.1 Interagency training

Prior to the implementation of the Act, both multi-agency and single agency training was delivered to staff. It had been decided by the committee that the greater focus would be on training council officers in order that they could respond appropriately as soon as the Act was introduced. A greater emphasis has been given in the past year to multi-agency training. In 2010 NHS Tayside identified two training officers who have an adult protection remit and are active members of the training sub committee.

An adult protection awareness raising CD-ROM was developed in Angus and distributed throughout Tayside via the Tayside steering group. The Angus Adult Protection Executive Group agreed that the CD-ROM should be promoted to all staff in all agencies that come into contact with members of the public. It informs staff about their role and duties under the legislation and raises awareness about what harm is, how to recognise harm and how to respond. An effort has been made to ensure that frontline staff has seen the CD-ROM in Angus Council and in Angus Community Health Partnership.

Tayside Police's eastern division has taken a decision not to use the training CD ROM to date. All officers have received a two hour adult protection and domestic abuse training input and regular electronic briefings.

Staff numbers who have seen the CD-ROM

SW&H (community care)	Housing	Other council	NHS	Police	Vol. org
949	12	10	520	N/A	NK

The core training is complimentary to the multi-agency staff guidance and the training is delivered on a rolling programme. Staff at different levels within organisations require different levels of training but the core training is intended as a package.

The core training in adult protection in Angus comprises of:

- roles and responsibilities – interagency work in adult protection (1/2 day).
- information sharing in adult protection (1 day).
- assessment and decision making in adult protection (1 day).

The delivery of the core training has been commissioned and has been delivered once in 2010/2011. Four additional roles and responsibilities training events have been arranged in respond to demand. The core training will be delivered twice more in 2011/2012 and then annually as a rolling programme.

The following staff members across the partnership have attended core training:

#### Roles and responsibilities – interagency work in adult protection

Angus Council Social Work and Health	106
Angus Council Neighbourhood Services	8
Angus Council Legal Services	2
Tayside Police	7
NHS Tayside	16
Voluntary agency	10
<b>Total</b>	<b>149</b>

Out of 35 places allocated for each event, the following number of attendances was recorded:

17 November 2010	36
26 November 2010	28
28 January 2011	28
22 February 2011	24
22 March 2011	33
<b>Total</b>	<b>149</b>

#### Information sharing in adult protection

Angus Council Social Work and Health	18
Angus Council Neighbourhood Services	1
Tayside Police	1
NHS Tayside	1
Voluntary agency	0
<b>Total</b>	<b>21</b>

Out of 35 places allocated for each event, the following number of attendances was recorded:

24 January 2011	21
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#### Assessment and decision making in adult protection

Angus Council Social Work and Health	25
Angus Council Neighbourhood Services	0
Tayside Police	4
NHS Tayside	3
Voluntary agency	0
<b>Total</b>	<b>32</b>

Out of 35 places allocated for each event, the following number of attendances was recorded:

13 December 2010	32
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There has been a higher take up of the training from Angus Council Social Work and Health than from other agencies. Activity to improve uptake is detailed below.

- Awareness raising events and a letter from the director of Angus Council Social Work and Health to voluntary sector providers has resulted in an improved take up from voluntary agencies.
- The police have their own corporate adult protection awareness training and Tayside Police has nominated police officers for the above adult protection core training.
- Angus CHP will undertake a learning needs assessment to decide which staff roles require adult protection training in addition to the basic awareness CD-ROM. The assessment will also target the level of training to particular roles. For staff members in those roles, the training will become mandatory and there will be an expectation that the information and knowledge will be cascaded throughout the CHP.
- Angus CHP is focussing on ensuring an improved uptake of the use of the basic awareness CD-ROM. A trajectory for improvement will be identified with monthly updates.

## 9.2 Induction

All new staff employed by Angus Council Social Work and Health now attend an induction programme which includes a full day “protecting people” module. This module has been developed Tayside wide so that there is consistency throughout Tayside. NHS Tayside is in the process of including the adult protection CD-ROM in their e-induction. Angus Council has also included the CD-ROM in their e-induction.

### 9.3 Showcase event – partnership working in adult protection

A showcase event involving Tayside Police, NHS Tayside, Angus Council Social Work and Health, Angus Council Trading Standards and Angus Independent Advocacy took place on 29 October 2010. All practitioners and managers in adult services were invited to take part. Each agency delivered a short presentation and frontline staff then rotated in small groups around each stall. The aims of the event were to raise awareness of the role each partner plays in supporting and protecting adults at risk. The event received very positive feedback and there are plans to hold another showcase in 2011/2012.

### 9.4 Single agency training

#### **Angus Council Social Work and Health**

##### *Capacity and consent to sexual activity - training for trainers (June 2010)*

This training was commissioned specifically for mental health officers (MHOs) and the expectation would be that they would disseminate the learning to their teams and to other teams. It covered legal and policy aspects of consent and capacity and explored ethical issues around consent to sexual activity. This training need was identified from the Justice Denied action plan.

Twenty two MHOs and other staff with a training or management remit undertook this training. An undertaking to disseminate this training to NHS Tayside and to the other two Tayside local authorities has been made and will take place in 2011/2012.

##### *Practitioner and “council officer” training*

This training covers inquiries and investigations, including protection orders. This was specifically for council officers but was opened to all partner agencies who may be involved in investigations under the Act. A yearly training event will take place for new council officers.

##### *Launch of Social Work and Health operational instructions briefing to all community care staff and childcare team managers (November 2010/February 2011)*

This training appraised staff of the significant changes in the Angus Council Social Work and Health adult protection operational instructions since they were revised in 2010.

##### *Development of investigation training for council officers*

This three day training covers the investigation process, interviewing skills and collecting evidence which may be required in court. The programme has been out for consultation and is almost ready for delivery.

##### *Elected members and chief officers briefing*

A joint briefing is in development with the Angus Child Protection Committee for elected members and chief officers to appraise them of their statutory responsibilities in relation to adult protection and child protection. This briefing is planned for later in 2011.

## **Tayside Police**

All police officers in Angus have been given training in relation to adult protection. Guidance to operational officers is regularly issued by the public protection unit and examples of good practice are highlighted.

All community liaison officers and other key members of staff who attend case conferences are given advice and guidance of how a case conference operates and what is expected of the attendees. The involvement of community liaison officers in case conferences has raised awareness at a local level of situations affecting vulnerable individuals and has allowed for the implementation of a more comprehensive and effective support package. Community liaison officers also attend multi-agency training events.

## **NHS Tayside**

NHS Tayside employs around 14,000 staff and there is a need to ensure that key staff groups are able to access the required level of training to meet their needs. Training needs are identified via the staff's electronic knowledge and skills framework/personal development plan (e-KSF/PDP) and NHS Tayside now has two learning and development advisors identified to facilitate the ongoing roll-out of training sessions. These learning and development staff are members of the Angus Adult Protection Committee training sub committee and attend on a rotational basis.

Three levels are identified:

1. *e-Learning*

Working closely with IT colleagues in all NHS board areas in Scotland, there is an e-learning alliance network in place which enables staff working across different terrestrial board areas to access e-learning programmes that have been developed. The basic awareness CD-ROM is available with a tracking system in place to record activity.

The Adult Support and Protection Act is also introduced to new employees at NHS Tayside's corporate induction courses and participants are signposted on how to access further details and information, relevant to their role.

2. *Multi-agency training*

Angus NHS employees have access to the multi-agency adult protection core training programme. To ensure consistency an agreement needs to be reached across NHS Tayside as to what adult protection training is required for particular roles. This will be taken forward via the Tayside adult protection steering group.

3. *Specialist training*

For identified groups of staff, e.g. clinicians/specialists working in particular areas, there are a variety of learning programmes available for staff with a specialist training need, which will be identified via personal development plan/appraisal.

## **Angus Community Health Partnership (CHP)**

There are around 800 staff directly providing a service to the Angus community, both in hospitals and in the community. It is recognised that this is a significant training challenge. The general manager of the CHP has raised the importance of adult protection training within the general management team. Local targets are to be set for 2011/2012 and this will be monitored by the Quality and Improvement Group. Efforts to increase the uptake of the multi-agency training sessions are detailed above in section 9.1. The basic awareness training CD-ROM has been distributed throughout the CHP and its use is encouraged.

There are 80 GPs in 16 practices in Angus. There has been significant effort toward introducing adult protection to the GPs protected learning time programme which has resulted in adult protection being included in a world café event for GPs in November 2011. Each GP has received the basic awareness CD-ROM and an adult protection information pack.

### **9.5 Awareness raising for staff**

In addition to the above training events, efforts have been made to raise awareness about the Act and its implications. The following events and actions have been undertaken in the past year:

- adult protection showcase event (October 2010).
- an adult protection information leaflet distributed via Angus Council payroll (June 2010).
- distribution of adult protection wallet cards in community health partnership payroll (June 2010), Angus Council (June 2010) and Tayside Police (December 2010).
- articles for staff newsletters (Angus Matters, ALPHA, Social Work and Health newsletter).
- development and distribution of an information pack for GPs (December 2010).
- Angus Adult Protection Committee website developed (May 2010) and publicly launched (April 2011).
- awareness raising has been delivered by the lead nurse to the nurse leaders for Angus.

## **10. Workforce issues**

### *Council officers*

The role of social workers, nurses and occupational therapists in adult protection work was considered in Angus in June 2010.

In community care services in Angus, all experienced and qualified community care staff employed by the local authority undertake adult protection duties as part of their general duties. Some local authorities have made a decision to reserve this work to social workers. Out of 17 local authorities who responded to a request for information, 11 authorise social workers only to carry out council officer duties, which includes investigations of incidents of harm and risk of harm to adults at risk.

The *“Role of the Registered Social Worker in Statutory Interventions: Guidance for Local Authorities”* issued by the Scottish Government on 2 March 2010 sets out the reserved functions exclusive to the social work profession. These include duties under the Adults with Incapacity Act, Mental Health (Care and Treatment) (Scotland) Act, Adult Support and Protection Act, Children (Scotland) Act and in criminal justice. It makes specific statements about the accountability of the registered social worker in relation to adult protection and their accountability in cases involving complex decisions about risk.

The above guidance raised questions about current policy and practice in Angus which in turn raised workforce issues. After some consideration about the composition of the workforce, a decision was made to allow the council officer function to continue to be delegated to all professions as identified in the legislation. It was proposed that this policy is adopted as an interim position and that it is reviewed again in 2011. A decision was taken to change recruitment policy to fill vacant care management posts with registered social workers in order to change the skill mix.

## **11. Conclusion and future plans**

Agencies in Angus have a long established history of effective and strong partnership working. There is a clear commitment to work together at all levels from policy to practice to make a positive difference to adults who are at risk of harm. Achievements against the 2010/2011 action plan give evidence of readiness to work together to take forward and deliver against a broad and often complex agenda to protect adults at risk. Much has been achieved and a great deal more has still to be done.

Angus Adult Protection Committee  
Action Plan  
2011/2012

**Strategic aim/priority 1:**

Improved safety for adults at risk

Priority Objective	Actions	Lead Officer/Group	Timescale
<b>To develop and review local policies, protocols and procedures in relation to adult protection</b>	<b>1.</b> Develop transitions protocol with child protection committee	SPO, CP/AP	31 May 2011
	<b>2.</b> Review Tayside information sharing protocol to include Tayside Police and ensure it adequately covers adult protection	Tayside Police	31 March 2012
	<b>3.</b> Develop an adult protection screening tool for children's services	SPO	October 2011
	<b>4.</b> Make links with other partnerships involved in public protection, explore the need for joint developments and make formal proposals	AAPC	March 2012
	<b>5.</b> Take forward implementation of medical examination process	NHST/ National Chairs Group	31 March 2012



Angus Adult Protection Committee  
Action Plan  
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Priority Objective	Actions	Lead Officer/Group	Timescale
<b>To support staff to undertake their duties to protect adults at risk</b>	6. Deliver adult protection multi-agency “core training”	Training sub committee	March 2012
	7. Develop investigation training for council officers and other community care staff	Social Work and Health (TO)	June 2011
	8. Deliver investigation training for adult protection	Social Work and Health (TO)	March 2012
	9. Review levels of staff awareness within partner agencies	Training sub committee	March 2012
	10. Provide information leaflet for attendees at case conferences to support their contribution	SPO	May 2011
	11. Develop and deliver case conference training	Training sub committee	June 2011
	12. Deliver chronologies training based on SWIA guidance to partner agencies in partnership with the Angus child protection committee	Training sub committee	31 Dec 2011
	13. Disseminate capacity and consent to sexual activity training to Tayside partners	SPO/TO	March 2012

Angus Adult Protection Committee  
Action Plan  
2011/2012

Priority Objective	Actions	Lead Officer/Group	Timescale
<b>To support staff to undertake their duties to protect adults at risk (cont)</b>	<b>14a.</b> Develop programme and materials for elected members briefing event	SPO/training sub committee	30 June 2011
	<b>14b.</b> Deliver adult protection briefing in partnership with the child protection committee to elected members and chief officers		December 2011
	<b>15.</b> Ensure that all NHS staff receive adult protection training at induction	NHS Tayside/ training sub committee	April 2011
	<b>16a.</b> Make formal contact with the private sector in relation to their training needs in adult protection	Training sub committee	September 2011
	<b>16b.</b> Develop proposals to address voluntary sector training needs		March 2012
	<b>17.</b> Deliver adult protection training to GPs at their protected learning time event	SPO	November 2011

Angus Adult Protection Committee  
Action Plan  
2011/2012

Priority Objective	Actions	Lead Officer/Group	Timescale
<b>To raise public awareness of adult protection issues</b>	<b>18.</b> Angus “keeping safe and well” event in partnership with the community safety team	SPO/ community safety team	March 2012
	<b>19.</b> Distribution of promotional materials at Angus fairs throughout the summer months and use of questionnaire for consultation (with child protection committee)	AAPC	September 2011
	<b>20.</b> Adult protection article published in Angus Life	SPO	October 2011
	<b>21.</b> Investigate a proposal to use TV advertising as a vehicle for raising public awareness in partnership with other authorities and develop local proposals	Policy sub committee	December 2011
<b>To develop a quality assurance system to ensure that services meet the needs of adults at risk</b>	<b>22.</b> 5 cases audited using the pilot audit tool developed by Professor Hogg	Practice sub committee	January 2012
	<b>23.</b> Present a report to the adult protection committee on the main findings of the 2011 case file audit	Practice sub committee chair	November 2011
	<b>24.</b> Contribute to the national framework of standards for adult protection	ADSW	March 2012

Angus Adult Protection Committee  
Action Plan  
2011/2012

Priority Objective	Actions	Lead Officer/Group	Timescale
<b>To develop a quality assurance system to ensure that services meet the needs of adults at risk (cont)</b>	<b>25.</b> Review Mental Welfare Commission investigation reports and other significant issues in relation to adult protection and make recommendations for improvements	Practice sub committee	March 2012
<b>To involve service users, carers and the public in the work of the adult protection committee</b>	<b>26.</b> Analyse and report findings of consultation questionnaires at promotional stands at summer fairs	SPO	October 2011

**Key:**

AAPC	Angus Adult Protection Committee
ADSW	Association of Directors of Social Work
AP	Adult Protection
CP	Child Protection
SPO	Senior Planning Officer
TO	Training Officer (SW&H)



