



Angus Adult Protection Committee

Annual Report 2012 - 2013



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Foreword

The annual report of the Angus Adult Protection Committee (AAPC) for the period 2012 to 2013 provides information, drawn from data presented to the committee, about adults at risk of harm in Angus and work to protect them. Partner agencies and their staff continue to work very closely to identify those at risk, to prevent and address harm, by raising awareness; early identification; taking action; and developing further the policy, strategy, partnerships, staff and services needed to make a positive difference to people's lives. In the report you will also find some individual stories and experiences which underline just why the work to protect adults at risk of harm is so important and is high on the partnership agenda.

Major organisational and system change is taking place at national and local levels across the public sector to develop more integrated services. Policy changes including welfare reform and the development of self directed support will also bring significant change. At the same time our work must continue and, through new working arrangements, aims to improve and strengthen support and protection for adults at risk.

Effective partnership is crucial to success at all levels from the development of strategy and policy, through to the implementation of individual protection plans and, when needed, statutory orders, to support and protect adults at risk.

The Angus Child, Adult and Public Protection Executive Group, developed in 2012, provides integrated strategic leadership. It brings together the reporting arrangements for the committees responsible for adult protection; child protection; violence against women; substance misuse; and self harm. Work to protect people from harm in each of these areas is closely connected and is reflected in the lives of those who experience or are at risk of harm. Local public protection priorities across these areas have, therefore, been agreed and action to address them is set out in this report.

National priorities, against which our progress will also be measured, have been set by the Scottish Government. Informed by local information and experience, national priorities are: financial harm; user and carers; accident and emergency services; care homes; and, development of a national data set. All of these are reflected in our action plan for the coming year.

Much has been achieved in Angus, as evidenced by the Minister's very positive response to the biennial report 2010 to 2012.

Of particular note is the extensive local programme to address financial harm, with commitment at the highest level. This was evidenced by the recent adoption by Angus Council, of a policy on financial harm aiming towards a "scam free" Angus. It is very heartening to see the strength and breadth of commitment, which continues to grow, with the involvement of social work and health, trading standards, police, local community post offices, small businesses and religious groups.

As well as successes, our evaluation sets out areas for improvement and, as we find out more, we see more that needs to be done. I am grateful to everyone involved for their ongoing hard work and dedication over the past year and in taking the work of the AAPC forward to support and protect adults at risk of harm in Angus.



Margaret Wells, Independent Chair, Angus Adult Protection Committee

1. The Angus Adult Protection Committee

“Working together to protect adults at risk of harm in Angus”.

The Angus Adult Protection Committee (AAPC) meets quarterly and reports to the Child, Adult and Public Protection Executive Group three times a year. Committee partnership representation is as follows.

Tayside Police (now Police Scotland)	1 member
Angus Community Health Partnership	2 members
Medical practitioners	2 members
Angus Council	2 members
Voluntary sector	2 members
Care Inspectorate	Invited at least annually
Procurator fiscal	Invited at least annually

1.1. Objectives of the Angus Adult Protection Committee

The objectives are to:

- Develop policies and strategies and involve service users and carers;
- Develop systems to identify adult protection concerns and deal with referrals;
- Guide significant case reviews and oversee the implementation of learning;
- Devise, implement and evaluate education and training programmes;
- Create information sharing policies, procedures and practices;
- Monitor, audit and review the implementation and impact of policy;
- Monitor performance and report to Scottish Ministers on progress against agreed adult protection outcome measures;
- Oversee the publication of public information.

In 2012 the committee reviewed its structure and it was agreed that policy work should be developed in short life working groups. The training and practice sub committees continue to meet at least quarterly, and those chairs and senior planning officer meet with the independent chair on a quarterly basis. The sub committees have an agreed work plan linked to the overall action plan and policy work is similarly linked. Sub committee members represent partner agencies and consult their agencies to ensure relevant engagement and involvement.

The committee was also reviewed to allow for the establishment of a service user sub committee.

1.2 Local governance arrangements

The Executive Group was further developed in 2012 to include other partnerships involved in public protection work and was renamed Angus Child, Adult and Public Protection Executive Group. These are:

- The Angus Alcohol and Drug Partnership;
- Choose Life;
- The Angus Violence Against Women Partnership;
- MAPPA.

This group continues to be chaired by the chief executive of Angus Council. The group meets three times per year and comprises chief officers from Angus Council, NHS Tayside, Angus Community Health Partnership and Tayside Police (now Police Scotland).

In 2013 overarching public protection strategic priorities were agreed, which are:

Improving Outcomes

- Identifying and addressing the impact of substance misuse on vulnerable individuals;
- Identifying and addressing the impact of domestic abuse on vulnerable individuals;
- Identifying and addressing the impact of poor mental health on vulnerable individuals;
- Promoting and more effectively engaging with service users;
- The development of preventative and early intervention services;
- Ensuring effective risk assessment.

Improving Policies and Procedures

- Promote better links between adult protection, child protection and public protection;
- Promote the effective use of chronologies;
- Measuring the impact of interventions and their outcomes;
- Develop and sustain the corporate governance arrangements for public protection.

It was agreed that the partnerships would reflect these strategic priorities in their action plans.

1.3 Tayside Adult Protection Steering Group

The Tayside Adult Protection Steering Group ensures the co-ordination of service developments and promotes the sharing of ideas and good practice across the three local authority areas. Executive decision making powers remain with the three local adult protection committees.

The benefit of joint working across the three local authority areas has already been evidenced by a number of joint projects including:

- A Tayside multi-agency adult support and protection protocol;
- An adult protection annual conference;
- Tayside planning officers' group;
- Joint significant case review protocols;
- Joint large scale inquiry protocols.

2. Service users and carers

Over the past years there has been a concerted effort to include adults at risk in adult protection processes such as attendance at case conferences.

A number of service user and carer awareness presentations and consultation meetings had taken place to inform service users and carers about adult protection and to ask how they would like to be involved with the committee's work. In 2012-2013 a priority objective was to strengthen the way we include the views of service users and carers in the work of the committee.

2.1 Service user engagement

The committee initially agreed to engage with service users 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 and for this reason it was agreed that no one person could represent service users on the adult protection committee. Work to engage with service users in 2012 – 2013 is outlined below:

- A service user awareness event "Safe and Sound" involved people from one of the learning disability groups and from Angus Gold over 50's drama group;
- In 2012-2013 a short questionnaire was developed to gather feedback from service users who were involved in adult protection case conferences in order to learn from their views;
- A questionnaire was developed in partnership with Angus Independent Advocacy to gather views about adult protection processes. This is currently being piloted;
- A proposal was developed to establish a service user and carer sub committee. This proposal is currently being refined.

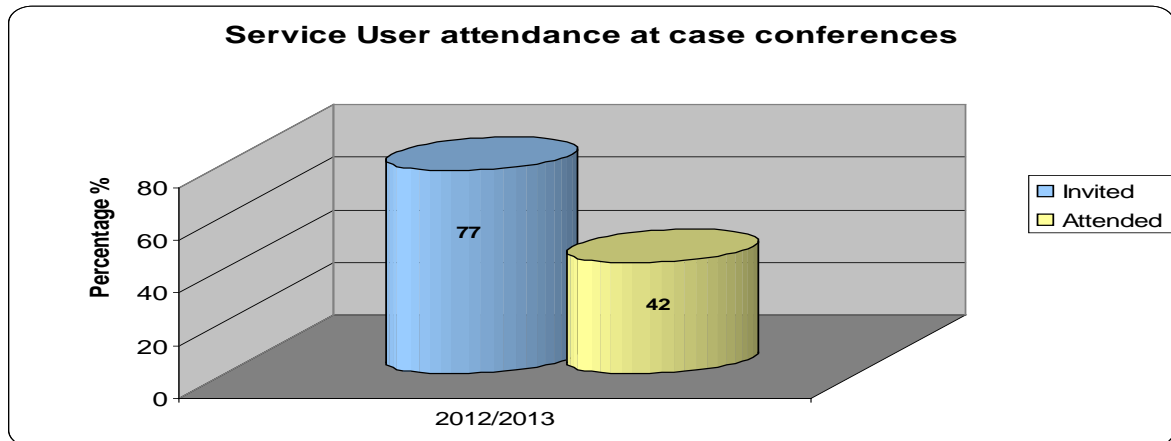
2.2 Service user contribution to adult protection processes

Over the past two years there has been a focus on the 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 includes:

- Council officer training emphasises service user involvement in their case;
- A mentoring system developed to remind staff to invite and support service users to attend case conferences;

- Flexibility as to where case conferences are held (e.g. in a person's own home);
- 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;
- Information leaflet issued to service users about the case conference which includes a detachable section to record their views.

Chart 1 Service user attendance at case conferences



- The Figure of 77% attendance at case conference remains at the same high level as in the previous 2 years and is evidence that the policy of both inviting to and facilitating attendance at case conference by serve users is helping service users to be involved in their cases.

2.3 Service user information

A service user leaflet is widely distributed informing people who may be at risk of harm about their rights and the contact numbers for adult protection in Angus are included.

A leaflet for service users invited to case conferences was is issued with all initial case conference invitations.

Leaflets and posters about scams were developed in 2013 and will be distributed widely to public areas including Post Offices.

2.4 Carer Information

Information was developed for carers to alert them to the dangers of scams, how to recognise signs that the person they are caring for may be being financially and emotionally harmed by scams and how to access help.

3. Management Information

3.1 National Dataset

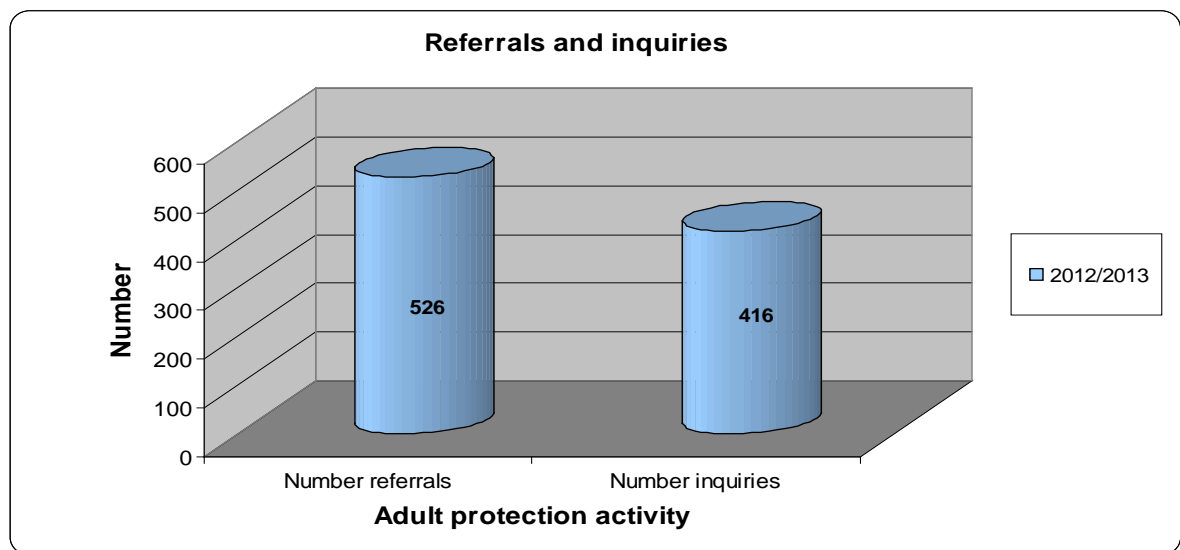
The development of national datasets in respect of adult protection activity is one of Scottish Government 5 priority “work streams” for adult protection in 2013/14. Taking this matter forward has now been passed to the adult protection policy forum. Angus intends to respond positively to any agreed national agreed datasets that emerge during this year. However Angus does keep comprehensive adult protection statistics.

3.2 Performance Management

There has been significant work undertaken to develop statistical information over the past two years. Each community team provides monthly information and statistical reports.

The committee receives performance reports biannually. The practice sub committee also considers trend information and makes recommendations to the adult protection committee and training sub committee.

Chart 2 Referrals and inquiries



- In June 2012 Angus Council developed a multi agency early screening group to consider the police adult concern reports. Previously all such reports had been counted as being adult protection referrals. The screening of the police reports has led to an apparent decrease of 49% in the number of adult protection referrals. The reduction in the number of reported adult protection referrals therefore does not represent any reduction in the number of police reports to Angus Council. It does mean that the way the police referrals are dealt with has been refined.
- A consequence of the introduction of the ESG is that the integrated Angus NHS/Social Work community care teams have been able to better focus adult protection inquiries. So in 2011/12 only 54% of referrals led to an inquiry; in 2012/13 79% of referrals led to an inquiry.

Chart 3 Source of referral

Source of Referral	April 2011 – March 2012	April 2012 – March 2013	% (+ -)
Police	983 (95%)	462 (88%)	-7%
Social Work and Health	18 (2%)	23 (4%)	+2%
Health Primary	6 (1%)	2 (<1%)	-1%
Family	3 (<1%)	3 (1%)	+1%
Member of the Public	11 (1%)	5 (1%)	0%
Carer	1 (<1%)	2 (<1%)	0%
Voluntary organisation	7 (1%)	2 (<1%)	-1%
Other care home	1 (<1%)	3 (1%)	+1%
Other	1 (<1%)	3 (1%)	+1%
Self	3 (<1%)	9 (2%)	0%
Health Acute	0 (%)	1 (<1%)	0%
Health GP	1 (<1%)	1 (<1%)	0%
Local Authority care home	0 (%)	0 (0%)	0%
Care at home	0 (%)	2 (<1%)	0%
Housing	1 (<1%)	5 (1%)	+1%
SCSWIS	0 (%)	0	0%
OPG	0 (%)	0	0%
Total	1036	526	

Chart 3 illustrates the continuing diligence of the police in Angus in complying with Section 5(3) of the Adult Support and Protection (Scotland) Act 2007. This section places a legal duty upon agencies to make adult protection referrals when they come across an “adult at risk”. The rate of referral from the police is in marked contrast to other agencies named in the legislation; for example the Office of the Public Guardian, nearly all of whose work would be in respect to adults potentially at risk.

The statistics in respect to referrals from the NHS are more complex than Table 1(d) indicates at a superficial glance. Angus has integrated community care teams and easily the second most frequent source of referrals after the police is from case/care managers or social workers in respect to already open cases. The rate of referrals from the NHS cannot therefore be assessed by simply considering the fact that there have been only three referrals over two years from GP’s and Health Acute.

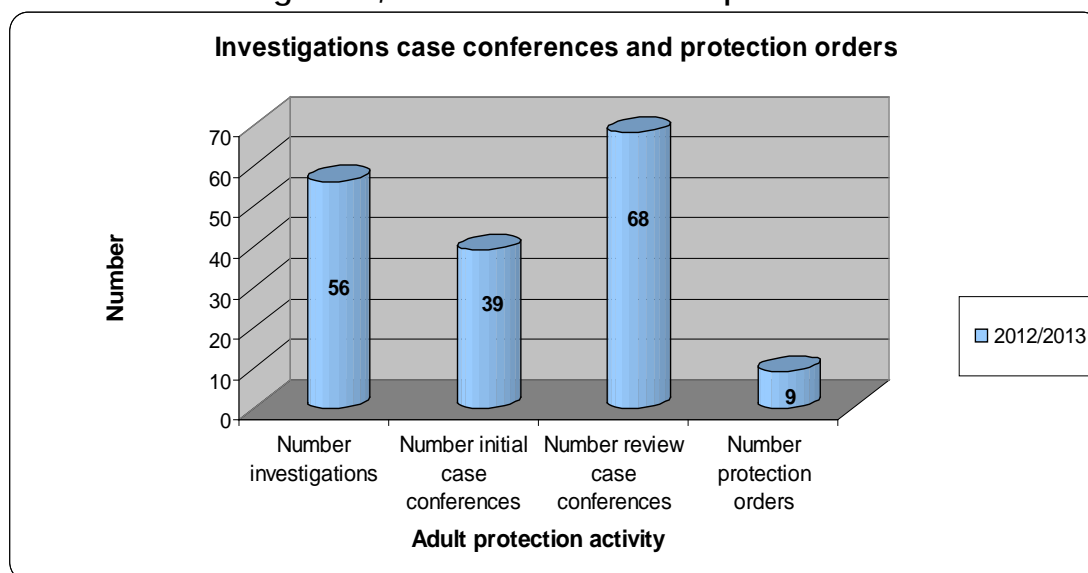
The source of adult protection referrals may also be somewhat misleading because of the way they are reported by the community care teams. For example a GP referral, may initially not be considered to be an adult protection referral by the receiving team. However after assessment the team may then move the case into adult protection and note the source of the referral is social work and health.

Although the above explanations regards source of referral suggests the actual level of referrals from agencies other than police and social work and health might be higher than the statistics show it is hard to escape the conclusion that the low level of referrals from NHS Acute, the GP's, the OPG and Care Inspectorate raises questions about awareness and compliance with Section 5(3) of the Act.

It is important that adult concerns are referred from acute services into adult protection. Findings from a pilot study on adult protection in A&E in Dundee will be examined and good practice applied. The committee has welcomed the publication of the guidance for partnerships on GP involvement in adult protection which it is hoped will facilitate referrals from primary care. The link to the GP guidance is :

<http://www.scotland.gov.uk/Publications/2011/07/07095553/3>

Chart 4 Investigations, case conferences and protection orders



Investigations

- The number of investigations shows a year on year fall of 18%. The reasons for this fall are unclear however they may reflect a growing confidence amongst teams to take protective measures at an early stage reducing the need for a case conference.

Protection Orders

- During 2012-2013 there were 9 applications involving 4 service users to the Angus sheriff courts for temporary and full banning orders.
- All applications to the Sheriff Courts made in Angus since the Adult Support and Protection (Scotland) Act 2007 was implemented have been granted.
- In 2012-2013 one of the banning orders was never served as the perpetrator moved away following the order being granted by the Sheriff.
- The other 3 people protected by banning orders all indicated that they felt safer as a result of the actions taken to protect them

- The 2012-2013 protection order statistics show a year on year reduction of 44% in banning order. However the number of people protected by banning orders only fell from 6 to 4 – not a statistically significant reduction.

Case Conferences

- The number of case conferences shows a year on year fall of only 3 to 107 an insignificant fall of less than 3%.

Good practice example:

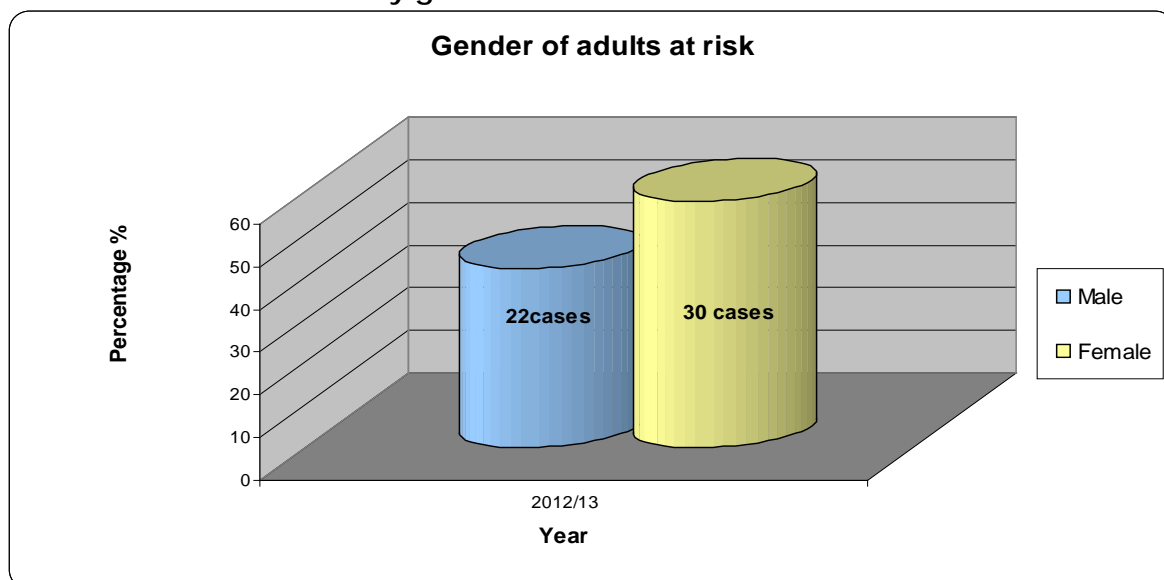
A person with learning disabilities was suspected of being financially harmed by a person taking money for tarot readings. Eventually through a lot of hard work to build trust by the tenancy support officer and social worker the service user stopped protecting their tarot reading “friend” and disclosed how scared they were and how much money had been taken. A banning order was successfully sought and the service user’s life has now been transformed. The service user is able to save for holidays and their whole mood has lifted significantly

3.3 Adults at risk

For the purpose of preparing statistical reports, “adults at risk” are those people who have had a formal multi agency plan in place for their protection agreed at an adult protection case conference.

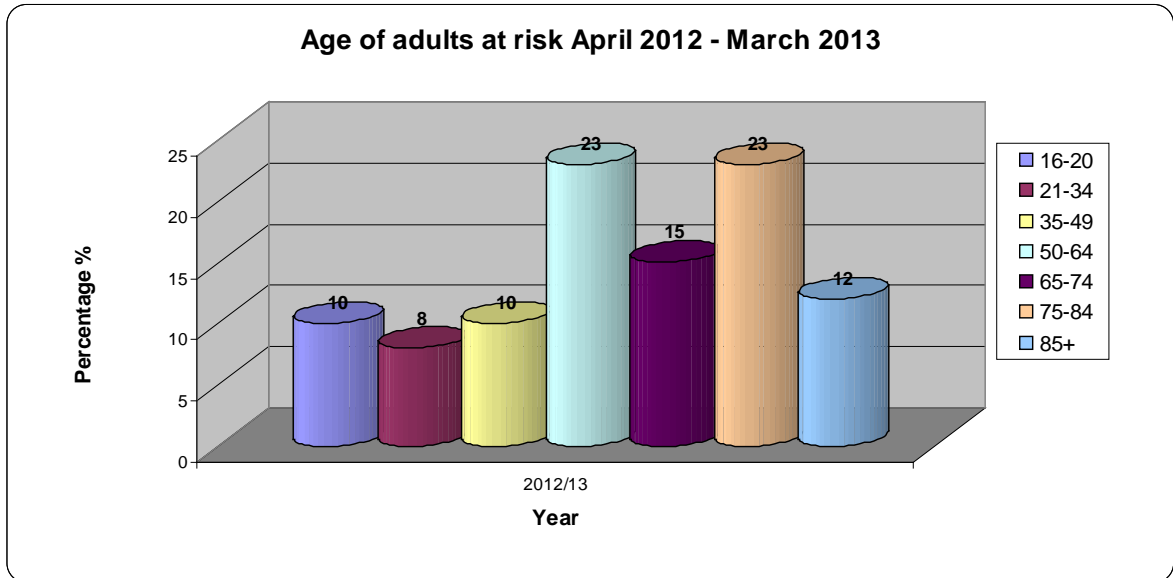
From 1 April 2012 – 31 March 2013 the following profile is emerging:

Chart 5 Adults at risk by gender



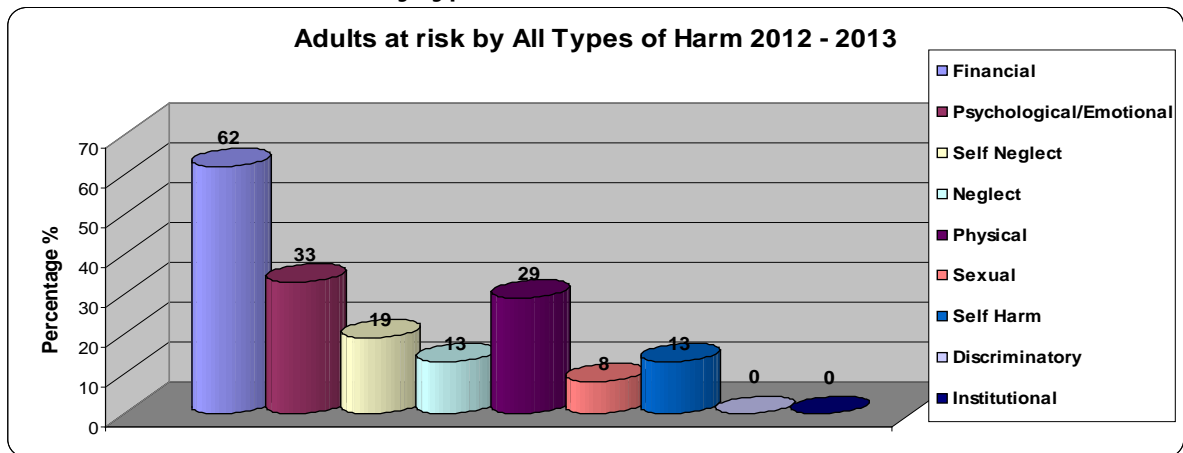
- Over the reporting period, 40% percent of adults at risk were men and 60% were female. This is similar to previous two years’ profile.

Chart 6 Adults at risk by age



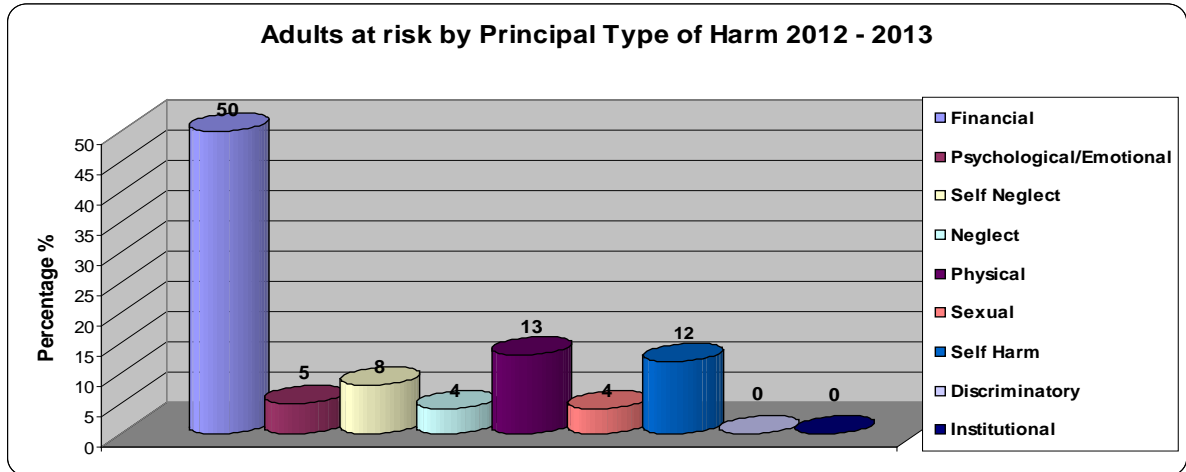
- During 2012-2013 people in the age group 65-85+ formed 52% of the adult protection workload. Comparison between this year's data shows a 17% increase in the number of adults at risk aged over 65 from the previous two years. This is encouraging as it suggests the risk to older people in Angus is being more readily identified and addressed.

Chart 7 Adults at risk by type of harm



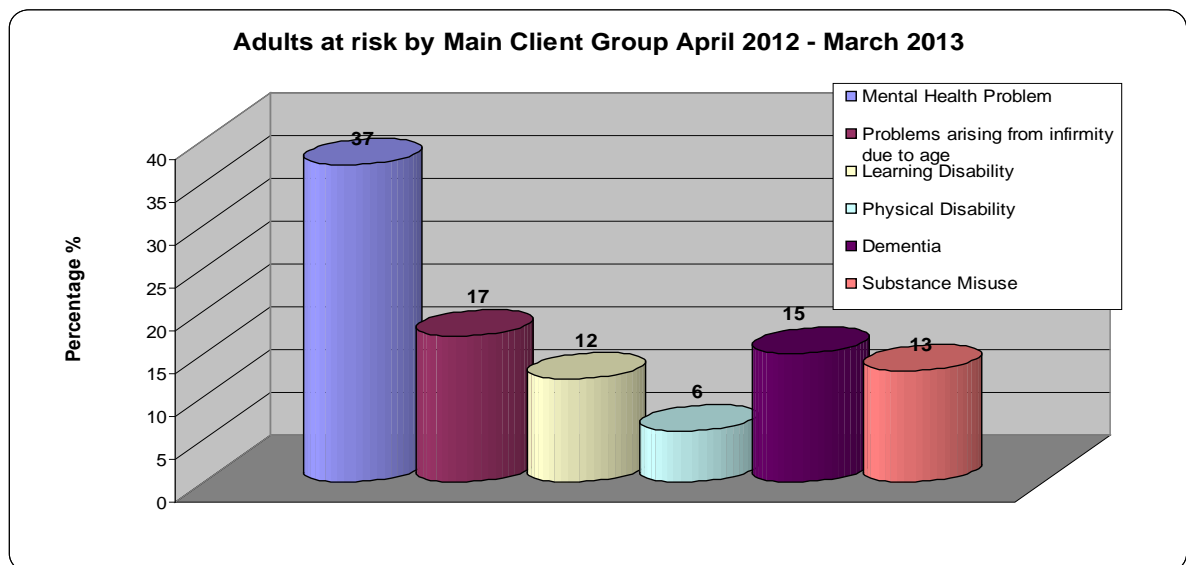
- Chart 6 includes all types of harm identified for adults at risk in Angus, including principal and secondary types. Some adults at risk were at risk of more than one type of harm.

Chart 8 Adults at risk by principal type of harm



- Financial harm has consistently been the most common type of harm.
- The incidence of emotional/psychological harm is significant, but tends to be a secondary or consequent type of harm rather than a principal type.
- Self harm emerges as a significant type of harm perhaps correlating with the high number of adults at risk with mental health problems. (see chart 8 below).
- It is unusual to see such a low incidence of institutional harm and does not match the experience in Scotland as a whole. In 2013 – 2014 the incidence of harm in care settings will be explored in line with the national adult protection priorities to establish whether either the reporting of, or practice in relation to, incidents or harm in care settings needs to change.

Chart 9 Adults at risk by main client group



- The spread of adults at risk across main client groups in Angus is positive with all service areas identifying adults at risk.
- More than twice the number of people with mental health problems were identified as adults at risk than the next largest client group.

Good practice example:
 An older person who was deaf and without speech had his house entered several times by people coming to the door. The service user had lost certain items and was afraid. The protection plan involved regular visits by the community police officer for the area. A home security visit led to installation of various security measures such as smoke detectors, door spy holes and telecare equipment. The Community Alarm staff knew that if the alarm was to sound the police should be summoned immediately. The service user was also provided with a personal alarm by the police. The work of the police and social work together led to a speedy reduction of risk, has avoided further incidents and met the service user's wish to be safer without having to move from their home.

3.4 Service user outcomes

The minutes of review case conferences include 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 27 July 2010 and were a means to evidence that adult protection procedures are making a difference to people's lives.

Chart 10 Adults at risk who felt safer following implementation of a plan for their protection

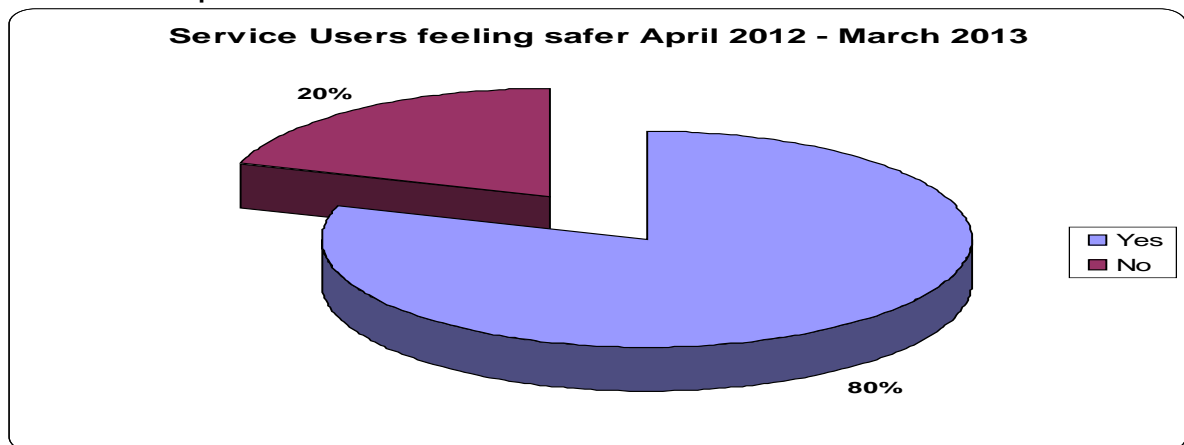
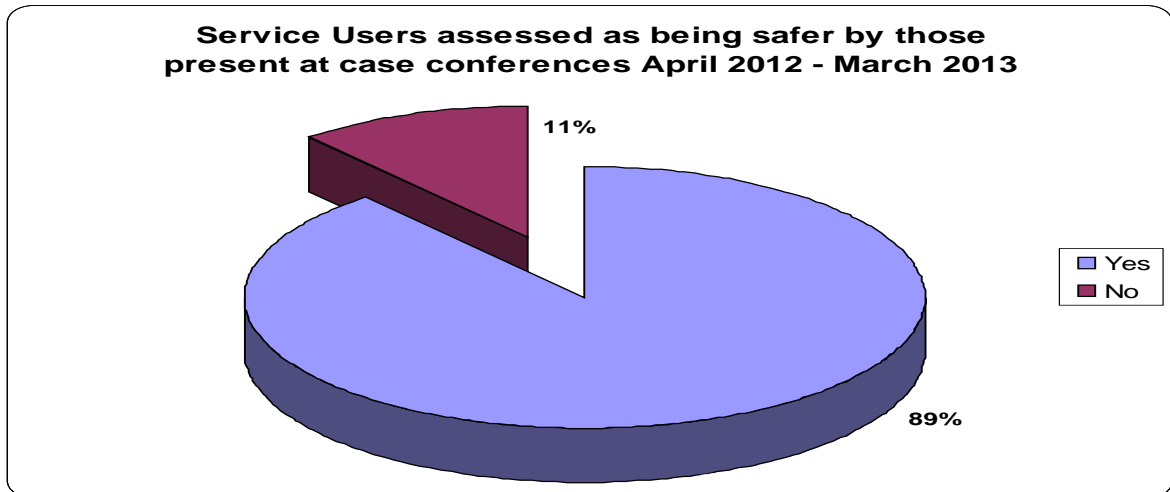


Chart 11 Adults at risk where professionals felt the adult had been made safer by implementation of an adult protection plan



- The percentage of service users who feel safer or are assessed as being safer is most encouraging.
- The cases where it was thought that safety had not increased were generally cases where the service user never accepted that they were at any risk. The consequent lack of engagement or co-operation with adult protection processes reduced the capacity of involved professionals to radically reduce the risks.

3.5 Adult protection outcomes framework

The committee is represented at the Community Care and Health Partnership (CCHP) which ensures that the committee is integrated into the Angus community planning agenda with appropriate links made to the public protection agenda.

Adult protection outcomes have been developed and base line information has been reported to the adult protection committee and the CCHP. Service user outcomes and outcome indicators are reported with the output data to committee bi-annually. These outcomes are adults at risk feeling safer as a result of adult protection procedures and whether service users were in attendance at case conference or represented at the case conference (indicators of inclusion in their case).

Over the coming year, it is planned to further develop the Angus adult protection outcomes framework in order to ascertain whether adult protection procedures are improving the quality of the lives of those who need them. The questionnaire currently being piloted by Angus Independent Advocacy will provide more qualitative data.

4. Significant Case Reviews

A significant case review (SCR) multi-agency protocol is in place and was reviewed in 2012. The protocol is currently being further reviewed to develop a joint Tayside protocol.

In line with the protocol for conducting an adult significant case review the practice sub committee has undertaken 2 practice case reviews using the initial case review tool. These were cases referred to the practice sub committee by various agencies that triggered significant concern but did not fit the criteria set out with the significant case review protocol. Learning from these reviews has been disseminated and recommendations for action are included within the committee's integrated improvement action plan.

The practice sub committee also identifies cases for self assessment by the community care service teams using the initial case review tool. One self assessment was carried out by a community care team in line with the practice case reviews above. This was reported to the committee.

4.1 Audit

In 2012 the practice sub committee audited three cases using the Self-evaluation of Adult Support and Protection Activity in Scotland resource handbook. This quality assurance audit took account of both quality indicators and locally agreed adult protection standards. It was a multi-agency audit with recommendations for improvement added to the improvement plan.

4.2 Mental Welfare Commission reports

In 2012 the committee considered the implications of Mental Welfare Commission (MWC) report Mr and Mrs D. Recommendations which apply to Angus have been added to the improvement plan.

4.3 Areas for Improvement

Areas for improvement resulting from MWC reviews, case file audits and case reviews include:

- Sharing information with attendees at case conference;
- More efficient referral systems;
- Recognising and reporting harm across service areas;
- Multi-agency representation at case conference;
- Referring agency invited to and represented at case conference;
- Understanding of relevant legislation;
- Processes around initiating legal action where capacity is in doubt.

Improvement actions taken in Angus as a result of these recommendations included:

- New screening system implemented for adult concern reports;
- Investigation training delivered to council officers;
- Single point of contact for new referrals developed;

- Review of operational guidance to reflect changes to procedures;
- Training relating to recognition of harm across service areas.

Strengths in Angus included:

- Collaborative working within and between agencies was outstanding;
- Service users were safer as a result of adult protection procedures;
- In some cases staff went out of their way to involve service users in their case.

Good practice example:

A service user with learning disabilities appeared to have developed a serious problem with buying on-line – they seemed to have spent over £2000 on DVDs, clothes, computers etc in quite a short period. However the service user did not own a computer. Following an initial case conference, further investigations involving social work and the police led to a house-mate being charged and convicted with theft and fraud. Initially both the bank and the on-line company refused to accept that they had any responsibility to refund the service user. However the involvement of trading standards led to the on-line company eventually refunding the money.

5. Public Information

5.1 Publicity

Developing publicity to raise awareness about adult protection and preventing harm is an important element of the work of the committee. The publicity campaign during 2012 - 2013 included:

- Safe and Sound public event;
- Press releases;
- Marketing stall at the Angus Health Fair;
- Promotional materials developed in partnership with the Angus Child Protection Committee;
- An article in Angus Life- a free newspaper distributed to over 50,000 households in Angus;
- Safe and Sound 2013 calendar which was distributed throughout Angus. The calendar featured monthly information about personal and home safety and wellbeing;
- Promotional material developed to raise awareness about scams.

5.2 Public engagement and consultation

The committee's website has a public consultation section to allow members of the public to comment on key documents such as the multi-agency strategy and the public awareness survey.

A public awareness survey was conducted at the Health Fair and at the Safe and Sound event to provide some indication of public awareness and to gauge the effectiveness of these initiatives.

Increase in the awareness of the role of social work in protecting adults is a positive feature of the responses.

A joint communication strategy and action plan has been developed with the Angus Child Protection Committee.

6. Management of Services and Staff

6.1 Lead agency responsibilities

Community Care teams in Angus are integrated. Angus Council is the lead agency for the delivery of learning disabilities, physical disabilities and older people services. NHS Tayside is the lead agency for mental health under 65 services.

6.2 Angus Council Social Work and Health

Eligible council officers undertake adult protection activity. Staffing levels in community care have been augmented to take into account extra work arising from adult protection procedures.

In addition to the augmentation of teams, an adult protection and review officer undertakes the chairing of all initial and review adult protection case conferences. This post is directly managed by the senior manager for community care services who has lead responsibility for adult protection.

A senior planning officer who supports the adult protection committee is located in a public protection partnership office and is accountable to the senior manager for community care services.

6.3 Police Scotland

On 1st April 2013 Tayside Police ceased to exist and the service moved to the national force of Police Scotland. Tayside Division of Police Scotland covers the same area as Tayside Police did and the division is divided into three Local Policing Areas, one of which is Angus. There should therefore be little change in how Police Scotland interacts with partner agencies in the area of adult protection.

Previously a Detective Inspector headed the Public Protection Unit (PPU) in Angus. The PPU dealt with adult protection, child protection, domestic abuse and multi-agency public protection arrangement (MAPPA) referrals. This has changed under Police Scotland with each PPU business area now having a Detective Inspector responsible for that functionality across Tayside. Therefore a Detective Inspector (Adult & Child Protection) is now in place. This will ensure standardisation of

practices across the Tayside Division. This Detective Inspector reports to the Detective Chief Inspector PPU.

In terms of the past year Tayside Police has continued to be heavily involved in adult protection matters in Angus. The number of adult concern reports generated by Police remains constant and the feedback from partner agencies regarding Police reporting of concerns has been very positive.

Local community liaison officers have become increasingly involved with adult protection and now attend most case conferences. Police community liaison officers play a key role in implementing adult protection plans, often visiting adults at risk to provide both a deterrent to the perpetrator and support to the adult at risk. This practice has attracted very positive feedback and experiences from Angus are now being shared across Tayside.

Police have also played a major role in the pilot of the Early Screening Group for adult protection. This group mirrors the child protection ESG and has given reassurance to all involved that concern reports are being routed to the right people in different agencies for action. Again this model is being considered for rolling out across Tayside Division of Police Scotland.

6.4 NHS Tayside

The NHS Tayside Adult Support and Protection Implementation Group was established in September 2011 and continues its work under the chairmanship of the NHS Board's Medical Director, in his capacity as NHS Tayside Executive Lead for adult support and protection. The purpose of the group is to provide NHS Tayside Board with the assurance that robust governance and management systems are in place to develop, oversee, and ensure implementation of, effective adult support and protection arrangements throughout NHS Tayside in accordance with the Adult Support & Protection (Scotland) Act 2007. The group reports to the Improvement and Quality Committee as a sub Committee of NHS Tayside Board via the Clinical Quality Forum. The Group's workplan is regularly reviewed and focuses on key areas such as: risk management; information sharing, quality assurance and education and training.

There is a significant focus on education and training in NHS Tayside, with a number of development programmes being delivered in partnership with our local authority and voluntary sector partners. Several e-learning programmes are available on the LearnPro e-learning system and accessible to all staff groups to complete.

NHS Tayside continues to play an active role within each of the three Adult Protection Committees in Tayside and has done since their inception, with representatives engaging in core activities and structures of each committee.

In 2013 – 2014 the committee will examine and clarify the referral pathways from the NHS into community care services to facilitate the reporting of concerns about risk to adults.

7. Budget Summary 2012-2013

Expenditure in 2012 – 2013 is as follows in the table below:

<u>Expenditure Category</u>	<u>2012/13 Budget</u> £	<u>2012/13 Outturn</u> £	<u>Under/(over)spend</u> £
Training Courses	10,000	8,733	1,267
Support Costs*	3,814	8,842	(5,028)
Independent Chair Costs	15,225	11,630	3,595
Gross Expenditure	29,039	29,205	(166)
Income - Safe and Sound	0	(4,791)	4,791
Net expenditure	29,039	24,414	4,625

8. Communication and Cooperation between Agencies

In Angus there is a history of strong partnership working which has resulted in enthusiastic and effective co-operation between the partner agencies.

8.1 Partnership achievements 2012 - 2013

- Establishment of the Angus Executive Group for Child, Adult and Public Protection;
- Learning from practice to improve services for adults at risk of harm;
- Use of data to explore issues, improve and develop services;
- Multi-agency audits, case reviews and self evaluation;
- Adoption by the Adult Protection Committee of the multi-agency working group to address financial harm as a formal sub committee;
- Development of an early screening group to consider police adult concern reports, and to consider cases where anti social behaviour or action by housing may be linked to an adult's potential vulnerability;
- Delivery of an extensive multi-agency training programme for adult protection
- Improved co-ordination with the child protection committee and other public protection partnerships;
- Contribution to the review of the Tayside adult protection protocol;
- Delivery of public information, in particular numerous press releases about the danger of financial scams;
- Development of proposals for the involvement of service users;
- Development of a joint communications strategy with the child protection committee;
- Contribution to the development of national adult protection standards;

- Safe and Sound public awareness event;
- Safe and Sound calendar distributed throughout Angus;
- Development of a Tayside large scale inquiry protocol;

8.2 Significant pieces of work

Notable achievements which involve significant partnership working are listed below.

8.2.1 Joint work to address financial harm

In October 2012 The Angus Adult Protection Committee formed a financial harm working group. This was because the actions being taken by different Angus Council departments and partners were so varied and complex that overall scrutiny and co-ordination was required.

Issues considered included:

- Financial harm is the most common type of harm identified in cases assessed as being "adults at risk" in Angus (more than 4 times more common than any other type of harm);
- A joint Trading Standards / Social Work protocol has been developed to enable Social Work to assist Trading Standards to take forward financial scam awareness raising following the introduction in Angus of a Scottish launch of the "Think Jessica Campaign". The protocol also enabled Trading Standards to assist service users of Social Work who were suspected of having been financially harmed by a commercial or criminal scam and who required ongoing assistance, advice and support;
- Angus Council has, with partners from the voluntary sector, begun to trial the use of devices designed to block nuisance, unwanted or scam phone calls;
- Officers from Angus Council have assisted with the Scottish Business Crime Centre's (SBCC) efforts in respect to financial harm by joining a SBCC group and speaking at their financial harm conference held at Cambuslang on 7 November 2012;
- The financial harm sub group's work builds on previous partnership work in Angus that involved addressing doorstep crime, cold callers, doorstep sales and rogue traders initiatives and the creation of an Angus Reputable Traders Scheme.

The Angus Financial Harm Sub Group is chaired by an officer from the Police, and has a membership that includes, Tayside Police (now Police Scotland), Angus Council Trading Standards and Social Work and Health, a local Post Office Manager, Alzheimer's Scotland, the Director of Voluntary Action Angus and the Vice Chairman of Dundee & Angus Branch Federation of Small Businesses.

An action plan has been developed and includes actions to:

- Identify and take every opportunity to publicise the dangers of financial scams;
- Undertake awareness raising talks to local community groups as well as staff groups in partner agencies;
- Issue press releases at regular intervals, to provide a rapid response to anyone requiring advice and support regards financial harm;
- Provide all enforcement agencies as much coordinated information as possible to maximize prosecutions of criminals involved in financial scams;
- To make links with local banks and building societies in order to offer information and assistance regards the protection of their more vulnerable customers from financial harm;
- Distribution of publicity materials on scams.

In February 2012 a report was approved by the Executive Group for Child Adult and Public Protection in Angus. This group supported a recommendation that a report should go to the Angus Council Committee recommending that the council adopts a formal policy on financial harm. This will act as a further boost to the financial harm working group as a significant amount of positive publicity will be generated locally regarding local and national efforts to address the serious problem of financial scams.

8.2.2 The Early Screening Group

In June 2012 Angus introduced multi agency adult Early Screening Group (ESG) largely in order to deal with adult concern reports sent to Angus Council by Tayside Police, but also to deal with cases of concern to colleagues in community safety and housing and with cases that are classified by the police as "repeat callers". The group involves community nursing, Tayside Police, community mental health service, Social Work and Health's alcohol, drug and blood borne virus team, and Neighbourhood Services (housing).

The overall aims of the Angus early screening group are:

- To ensure that there is an informed and appropriate response to adults about whom the Police have concerns;
- To prevent community care teams from receiving referrals about people who do not need any social work and health support;
- To target referrals, along with relevant background information, to the community care teams when specific needs are identified, putting adults in need of services in touch with these services at an early stage;
- To provide Housing and Community Safety Teams with a forum for multi agency discussion of adults who may be at risk of anti social behaviour or eviction procedures to enable services to be provided that may preclude the need for formal action.

Decisions taken by the ESG about each case discussed are informed by information provided by the NHS, social work (including mental health and substance misuse services), housing, and the police.

Between its inception in June 2012 and February 20.13 355 cases were discussed at the Angus Early Screening Group.

Of these 355 cases 71% were sent to a specific care agency for consideration for action (including to the NHS, GP's, and social work services). In 22% of cases there was an agreement for no further action to be taken. The other 7% lived outside Angus and were sent to the appropriate local authority to deal with.

What the ESG is able to do is identify patterns or series of concerns about individuals. This is helpful as it eliminates the possibility of incidents about the same individual being dealt with as unconnected events preventing the sorts of problems highlighted in the "Hidden in Plain Sight Report" regarding disability related harassment.

Additionally the ESG has saved time for busy community care teams dealing with all the referrals, and often having to make decisions about what action to take without the information provided by partners.

8.2.3 Safe and Sound

In April 2012 the Angus Falls Service and the Angus Adult Protection Committee collaborated to produce an innovative public awareness raising event involving service users. Safe and Sound aimed to raise the Angus public's awareness and promote the safety and wellbeing of its residents who may be at risk of harm. The event was supported and directed by a local amateur dramatic association making it truly a community and multi-agency event.

Service users with learning disabilities with an interest in drama, and older people from the Angus Gold drama group enacted four scenarios where adults were at risk of harm. There was an emphasis on financial harm, reflecting the prevalence of this type of harm in Angus, with emotional harm, carers' issues and how home environments can contribute to falls also highlighted.

8.2.4 Inter-partnership work

Concerns about adults referred as at risk of harm highlighted concerns in relation to substance misuse; criminal justice; violence against women; child protection; suicide and self harm. A short life working group was, therefore, established to consider joint issues across partnerships and identify joint actions. The child protection/adult protection liaison group meets to address issues common to child and adult protection. Work now being undertaken in partnership with Choose Life, the Angus Alcohol and Drugs Partnership (AADP), and the Angus Violence against Women Partnership (AVAWP) includes:

- An information card providing information about a range of services in Angus has been developed to enable adults who experience difficulties to assist them with self help, self management, and support for their mental health and wellbeing;

- A pan-Tayside group is developing policy and training in relation to harmful traditional practices including forced marriage, honour based violence and female genital mutilation;
- Integrated public protection training across adult protection, child protection, violence against women, suicide and self harm and substance misuse is being developed;
- Work is in progress with substance misuse services to address the concern that 79% of statutory protection orders have involved someone with a substance misuse problem as the perpetrator.

8.2.5 Implementing protection orders

There has been considerable joint work with the police in relation to policing the banning orders taken out to protect 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.

Good practice example:

Following a bereavement service user with long standing mental health problems started misusing substances. Their substance misuse had increased to such an extent that their life was in danger, their tenancy was in jeopardy and they were being financially targeted by individuals. Following an assessment by the psychiatrist it was decided that the person was no longer capable of making choices and adult protection procedures were commenced. The case involved significant police, trading standards, psychiatry, housing and substance misuse service input leading to a reduction in consumption. As a result the service user's health has greatly improved and their living circumstances have stabilised.

8.3 Restructuring of services and Integration

Angus Community Health Partnership and Angus Council Social Work and Health have, for many years, delivered integrated community care services. This close working relationship and the local commitment within the partnership will ensure the continued delivery of high quality adult protection services to adults at risk. The move towards further integration in community care will bring both challenges and opportunities for the adult protection committee in the years ahead.

9. Training

The Angus adult protection multi-agency training strategy has been reviewed and a programme of training commissioned.

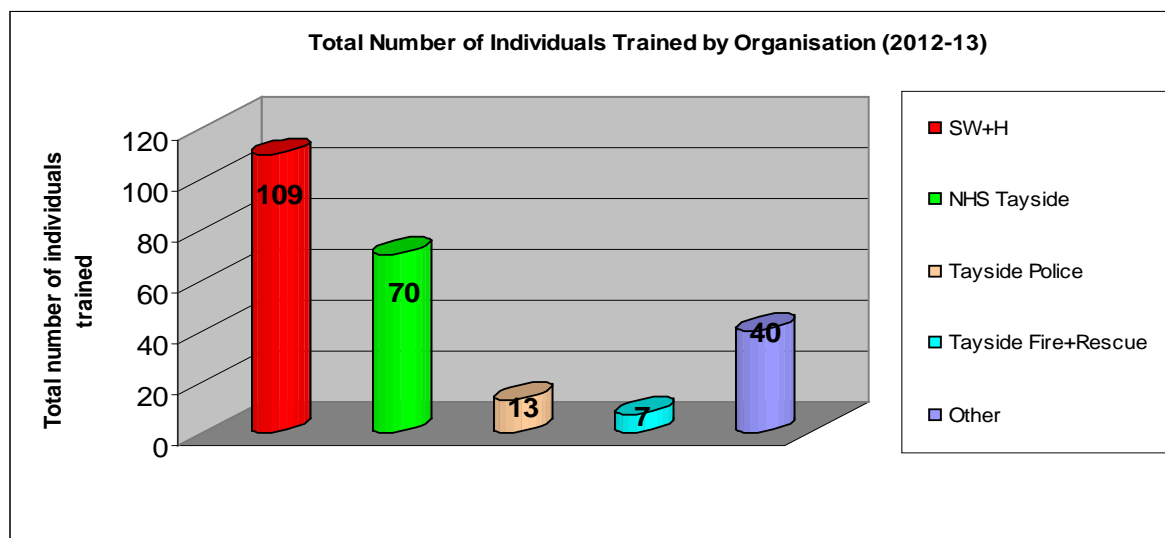
9.1 Interagency training

Core training compliments the multi-agency staff guidance and is delivered on a rolling programme. Core training in adult protection in Angus consists 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)

Chart 12 Agency representations at multi-agency adult protection training



Proposals are being developed to integrate some of the training with other partnership training in public protection.

Other achievements/activity:

- Development and delivery of “working with hostile and uncooperative families and carers” training;
- Deliver and review of multi agency training for professionals attending adult protection case conferences;
- Development and delivery of learning event “families affected by mental health problems” training (with the Child Protection Committee).

9.2 Single agency training

9.2.1 Angus Council Social Work and Health

Investigation training was developed to address the needs of council officers to increase their knowledge and skill in relation to adult protection investigations. This was piloted in 2012 and was repeated in a rolling programme throughout 2012 – 2013 in Angus and shared with the other two Tayside local authorities.

A public protection awareness session was delivered to the new elected members in June 2012, which included child protection, adult protection and violence against women. This was delivered as part of elected members’ induction.

Chronologies training has been delivered to community care staff and it is planned that multi-agency training will commence when a multi-agency guidance and template is agreed and implemented. This shared chronology guidance and template is being developed in a Tayside group chaired by the Police.

Adult protection training is delivered annually to all new social work staff in Angus as part of their induction.

9.2.2 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 about how a case conference operates and what is expected of 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.

9.2.3 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). NHS Tayside now has two learning and development advisors to facilitate the ongoing roll-out of training sessions. These learning and development staff are members of the committee's training sub committee.

There is significant focus on disseminating adult protection education and training throughout NHS Tayside, as follows:

- An adult protection learn-pro module has been developed and was made available to all staff from August 2012. This module may also be transferable to council IT systems and permissions are being sought from NHS Tayside;
- The Adult Support and Protection (Scotland) Act is introduced to new employees at NHS Tayside's corporate induction courses and participants are signposted to access further details and information, relevant to their role;
- Respecting and Protecting Adults at Risk in Scotland – legislation and practice learning resource available to all staff via staffnet and highlighted at induction;
- Test of Change Project – a learning disabilities e-learning toolkit is available via learn-pro;
- Adult protection general awareness workshops to staff who are identified as requiring this knowledge as identified under the electronic knowledge and skills framework/personal development plan;
- Adult support and protection has been introduced into junior doctors' core induction training;
- The Mental Health Specialty Board in Scotland has now included adult protection as mandatory training for higher trainees in psychiatry. NHS Tayside

has been influential in progressing this at a national level;

- NHS employees in Angus have access to the multi-agency adult protection core training programme. Angus Community Health Partnership (CHP) has undertaken a learning needs assessment to decide which staff roles require adult protection training;
- The assessment has targeted the level of training to particular roles. For staff members in those roles, the training is mandatory and there is an expectation that the information and knowledge will be cascaded throughout the CHP;

9.3 Awareness raising for staff

In addition to the adult protection training efforts have been made to raise awareness among staff about financial harm. The following actions have been undertaken:

- Adult protection financial harm information leaflet distributed to all CHP staff (following similar distribution to council staff via payroll);
- Awareness raising sessions about financial scams in partnership with Angus Council Trading Standards (January 2012 – June 2012).

10. Conclusion and future plans

The work of partners in Angus to protect adults at risk of harm has continued at a considerable pace over 2012 -2013 with significant progress being made in a number of areas.

Financial harm and action against scams continues to be a high priority and the results of action taken, reported in early 2013/14, demonstrate significant results and benefits for the adults affected.

One of the key features of the past year has been growing community engagement and involvement, particularly through local post offices and the local federation for small businesses.

In the coming year we seek to develop partnership working further through improved engagement with service users and communities in relation to adult protection by developing the role of the third and voluntary sectors in the work of the AAPC.

The recent issue of national guidance for GPs in relation to their crucial role in the protection of adults at risk of harm is welcomed and strongly supported by the AAPC.

Increasingly, more integrated working is taking place across the range of partnerships concerned with the protection of people. This will further develop in the coming year to take forward the Angus strategic priorities for adult and wider public protection.

Additionally the AAPC will address national priorities; including seeking to better enable accident and emergency to make referrals under Adult Protection legislation to review the way adult protection procedures apply to incidents and adults at risk within care homes. .

The work of the AAPC continues to move forward within the challenging environment of the positive impetus to develop more integrated services; financial restraint and welfare reform. The annual report concludes with the committee's action plan which sets out its programme of work to develop and improve arrangements to protect adults at risk of harm in Angus in 2013-2014..



Angus Adult Protection Committee
Action Plan
2013-2014
(as at 19/06/13)

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ANGUS ADULT PROTECTION COMMITTEE ACTION PLAN 2013 - 2014

No of actions	Completed (G)	On Target (A)	Behind Target (R)
30			

Priorities for the adult protection committee for the year 2013 – 2014 include:

- a. Identifying adults at risk of harm, ensuring effective risk assessment and improving outcomes
(actions: 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 2.1, 2.2, 2.3, 2.4, 2.6, 2.7, 3.1, 3.2, 3.3, 3.4, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 5.1 and 5.4)
- b. Acting to minimise prevalence of financial harm
(actions: 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 2.2, 2.4, 2.6, 4.1, 4.3, 4.4, 5.1 and 5.3)
- c. Promoting and more effectively engaging with service users
(actions: 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 2.1, 2.2, 2.3, 2.4, 2.6, 3.1, 3.2, 3.3, 4.1, 4.3, 4.4, 4.6, 5.1, 5.2 and 5.4)
- d. Reviewing and amending adult protection practice in care homes
(actions: 2.4, 2.6, 4.1, 4.4 and 5.1)
- e. Enabling and facilitating referrals from A&E of adults at risk
(actions 2.3, 2.4, 2.6, 4.4 and 5.1)
- f. Promoting better links and developing more integrated working between adult protection, child protection and public protection
(actions: 1.7, 1.9, 2.4, 2.5, 2.8, 4.1 and 4.4)

1. Public Information

Aim: Adult protection committees are required to produce and disseminate public information about protecting adults at risk

- *To raise awareness of adult protection issues within communities and with the general public.*
- *To promote the work of agencies in protecting adults to the public.*
- *To provide information about where members of the public should go if they have concerns about an adult at risk of harm.*

Objective	What are we going to do?	When will we do it by?	How will we know we have done it? Outcome Indicator	Lead Officer / Group
To raise public awareness of adult protection issues	1. To use press releases and articles to raise awareness about financial harm and especially financial scams <i>(Priorities a, b and c)</i>	During all the year April - March 2013/14	Numbers of press releases and articles published	The Financial Harm sub group of the AAPC
	2. To recommend a formal policy on financial harm and financial scams for adoption by Angus Council <i>(Priorities a, b and c)</i>	Before the end of May 2013	Formal policy adopted by Angus Council	APRO and AAPC
	3. To publicise the Council policy by organising a formal launch involving national as well as local bodies <i>(Priorities a, b and c)</i>	Before the end of June 2013	Launch of policy arranged and delivered	APRO and AAPC
To raise public awareness of adult protection issues <i>(cont)</i>	4. Ensure media coverage including television coverage of the launch of the Council policy on financial harm	Before the end of June 2013	The event covered by the media	APRO and AAPC

Objective	What are we going to do?	When will we do it by?	How will we know we have done it? Outcome Indicator	Lead Officer / Group
	<i>(Priorities a, b and c)</i>			
	5. Develop publicity materials to raise public awareness about scams <i>(Priorities a, b and c)</i>	Before the end May 2013	Leaflets for the public, for carers and appropriate poster designed, produced and distributed	FHSG
	6. Engage with local post offices to raise awareness of financial scams and the support available to victims <i>(Priorities a, b and c)</i>	From April 2013 and continuing all year	Post Offices represented on the FHSG. Locally produced leaflets available in Angus Post Offices	FHSG
	7. Undertake a range of talks to community groups by Council staff (in social work and trading standards) and local police raising awareness of adult protection, public protection and financial harm <i>(Priorities a, b, c and f)</i>	From April 2013 and continuing all year	Talks delivered to church groups, community council meetings and other community groups	APRO, Police and TSO

Objective	What are we going to do?	When will we do it by?	How will we know we have done it? Outcome Indicator	Lead Officer / Group
To raise public awareness of adult protection issues <i>(cont)</i>	8. To engage with the national financial harm adult protection group to facilitate locally produced leaflets to be available in Angus banks <i>(Priorities a, b and c)</i>	By December 2013	Leaflets available in Angus banks	FHSG/APRO/TSO

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2. Policies, Procedures and Protocols

- *Ensure constituent agencies have in place their own up to date policies and procedures.*
- *Regularly develop, disseminate and review interagency policies and procedures.*
- *Ensure that protocols are developed around key issues where there is agreement that this is required.*

Objective	What are we going to do?	When will we do it by?	How will we know we have done it? Outcome Indicator	Lead Officer / Group
To develop and review local policies, protocols and procedures in relation to adult protection	1. Develop an information leaflet for people in crisis who are subject of an adult concern report <i>(Priorities a and c)</i>	October 2013	Information leaflet produced and distributed	Choose Life Co-ordinator and overseen by the AAPC
	2. Continue to develop the multi-agency financial harm sub group to include the private and voluntary sector <i>(Priorities a, b and c)</i>	From April 2013 and continuing all year	Membership of the FHSG extended to include voluntary and private sectors	FHSG
	3. Consider the learning from the A&E adult protection pilot in Dundee and identify actions that may apply to minor injury units in Angus in order to facilitate an increase of adult protection referrals <i>(Priorities a, c and e)</i>	Before end March 2014	AAPC to receive a report recommending specific changes. An increase in adult protection referrals from A&E and minor injuries units	Angus CHP/APRO

Objective	What are we going to do?	When will we do it by?	How will we know we have done it? Outcome Indicator	Lead Officer / Group
To develop and review local policies, protocols and procedures in relation to adult protection (cont)	4. Update procedures and operational instructions regards adult protection work in care homes; , distribute and operationalise the new instructions (Priorities a, b, c and d)	November 2013	Instructions updated and distributed	APRO and Senior Manager Community Care
	5. Update the operational procedures of the Early Screening Group (ESG) to ensure all police adult concern reports are screened for incidents of domestic violence, child concerns or risks from potentially dangerous offenders to ensure appropriate public protection referrals are made (Priority f)	July 2013	ESG procedures updated	APRO
	6. Review the remit of the Tayside Steering Group. (Priorities a, b, c, d, e and f)	March 2014	Review complete	Independent chairs
	7. Contribute to the Police hate incident multiagency panel (HIMAP) in order to monitor trends or	From April 2013 and continuing all year	<ul style="list-style-type: none"> • APRO attending HIMAP meetings • Report of HIMAP meeting presented to AAPC 	APRO

Objective	What are we going to do?	When will we do it by?	How will we know we have done it? Outcome Indicator	Lead Officer / Group
	<p>instances of "hate crime".</p> <p><i>(Priority a)</i></p>			
	<p>8. Consider and take action on the links between adult protection and self harm and substance misuse with the ADP and Choose Life partnerships. Specifically the adult ESG will invite Mental Health and Well-being Co-ordinator to attend a meeting and advise on what information may be helpfully sent to certain ESG subjects.</p> <p><i>(priorities a and f)</i></p>	<p>March 2014</p>	<p>Links identified and actions proposed.</p>	<p>APRO</p>

3. Quality Assurance

- Agree, implement and review multi-agency quality assurance mechanisms for interagency work, including auditing against the Quality Indicators specified by the Self Evaluation of Adult Support and Protection Activity in Scotland.
- Ensure that these quality assurance mechanisms directly contribute to the continuous improvement of services to protect adults at risk of harm
- Report on the outcome of these activities, and make recommendations, to the AAPC

Objective	What are we going to do?	When will we do it by?	How will we know we have done it? Outcome Indicator	Lead Officer / Group
To sustain a quality assurance system to ensure that services meet the needs of adults at risk	1. Three cases audited using the Self Evaluation of Adult Support and Protection Activity in Scotland resource handbook (Priorities a and c)	By February 2014	Cases audited and a report on findings sent to committee and reflected in the Practice Sub Committee's improvement plan.	Chair of the Practice sub Committee
	2. Present a report to the adult protection committee on the main findings of the 2013 case file audit (Priorities a and c)	At the AAPC scheduled for February 2014	Report presented to AAPC	Chair of the Practice sub Committee
	3. Undertake three case reviews/self evaluation. (Priorities a and c)	Before February 2014	Report presented to AAPC	Chair of the Practice sub Committee

Objective	What are we going to do?	When will we do it by?	How will we know we have done it? Outcome Indicator	Lead Officer / Group
<p>To develop and sustain a quality assurance system to ensure that services meet the needs of adults at risk (cont)</p>	<p>4. Review Mental Welfare Commission investigation reports and other significant issues in relation to adult protection and make recommendations for improvements in Angus</p> <p>(Priority a)</p>	<p>From April 2013 and continuing all year</p>	<p>Number of Mental Welfare Commission reports reviewed</p>	<p>Practice Sub Committee</p>

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4. Training and staff development

- *Have an overview of single agency adult protection training and consider the implications for interagency training.*
- *Plan, review and quality assure interagency training and development activities.*
- *Have in place, and review at least annually, a programme for interagency adult protection training.*
- *Ensure relevant, effective and consistent interagency training is provided for practitioners, managers, non-statutory agencies and for adult protection committee members themselves.*

Objective	What are we going to do?	When will we do it by?	How will we know we have done it? Outcome Indicator	Lead Officer / Group
To support staff to undertake their duties to protect adults at risk	1. Deliver core multi agency adult protection training (Priorities a, b ,c, d and f)	From April 2013 and continuing all year	Training delivered	Training Sub Committee
	2. Deliver training for staff undertaking adult protection investigations (Priority a)	From April 2013 and continuing all year	Training delivered	Training Sub Committee
	3. Undertake awareness raising regards adult protection, public protection and financial harm to community police officers in Angus (Priorities a, b and c)	Before end May 2013	Training delivered	APRO
	4. Explore options for e-learning and prepare a report for the AAPC (Priorities a, b, d, e and f)	From April 2013 and continuing all year	Report to go to AAPC scheduled for February 2014	Training Sub Committee
	5. Deliver chronologies training based on SWIA guidance to partner agencies in partnership with the child protection	June 2012 31 March 2013 March 2014	Multi-agency chronologies training delivered	Training sub committee chair

Objective	What are we going to do?	When will we do it by?	How will we know we have done it? Outcome Indicator	Lead Officer / Group
	committee (carried over from 2012-13 action plan) (Priority a)			
	6. Disseminate capacity and consent to sexual activity training to Tayside partners (carried over from 2012-13 action plan) (Priorities a and c)	June 2012 March 2013 March 2014	Training programme finalised and delivered.	Training sub group chair

5. Involving service users and the public

Aim: *The guidance for adult protection committees makes it a requirement to engage people who use services in:*

- *Staff training*
- *Development of policy*
- *Influencing practice*
- *Development of services*

Objective	What are we going to do?	When will we do it by?	How will we know we have done it? Outcome Indicator	Lead Officer/Group
To involve service users, carers and the public in the work of the adult protection committee	1. Establish the extent of public awareness of adult protection and especially financial harm and financial scams via the Angus Citizens' Panel in order to assess the impact of ongoing campaigns and publicity strategies with follow up studies (Priorities a, b, c, d and e)	December 2013	Citizens Panel consulted. Results evaluated. Follow up arranged	APRO in conjunction with the Council's Community Engagement officer
	2. Pilot a review of professional and service user satisfaction with the conduct of adult protection case conferences in Angus through use of a questionnaire (Priority c)	Between April and September 2013	Review conducted and report of findings presented to the AAPC	APRO

Objective	What are we going to do?	When will we do it by?	How will we know we have done it? Outcome Indicator	Lead Officer/Group
To involve service users, carers and the public in the work of the adult protection committee (cont)	3. Report and analyse the findings of the pilot use of the "service user experience of adult protection" questionnaire in partnership with Angus Independent Advocacy (priority b)	March 2014	Review conducted	Angus Independent Advocacy in conjunction with APRO
	4. Seek support of Voluntary Action Angus to develop service user representation and involvement in the work of the AAPC. This may include a learning event on service user perspective. (Priorities a and c)	March 2014	Representation achieved	Manager Volunteer Centre Angus

Key:

AAPC:	Angus Adult Protection Committee	CP:	Child Protection
ACPC:	Angus Child Protection Committee	ESG:	Angus Adult Early Screening Group
ADP:	Alcohol and Drugs Partnership	FHSG:	Financial Harm Sub Group of the Angus Adult Protection Committee
ADSW:	Association of Directors of Social Work	SPO:	Senior Planning Officer
AP:	Adult Protection	TO:	Training Officer, People Directorate
APRO:	Adult Protection and Review Officer	TSO:	Trading Standards Officer(s)
AVAWP:	Angus Violence against Women Partnership		