

Angus Adult Protection Committee



Biennial Report 2014-2016 and Business Plan 2016-2017

ANGUS ADULT PROTECTION COMMITTEE

BIENNIAL REPORT 2014 - 2016 AND BUSINESS PLAN 2016/17

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FOREWORD BY INDEPENDENT CHAIRPERSON

The Biennial Report for the Angus Adult Protection Committee (AAPC) 2014-2016 outlines the key achievements of our partnership to improve the safety of adults at risk in Angus over the last 2 years. I feel confident that the needs of adults at risk of harm are being met and that the services in Angus promote better outcomes for vulnerable adults.



I think we have many achievements to report including how we have improved the profile of financial harm locally by awareness raising campaigns, staff training and engagement with local banks and financial establishments. As a Committee we are confident that services recognise people at risk of financial harm and intervene appropriately. I am especially pleased at the progress of the newly established Financial Abuse Support Team in improving the response to people at risk of financial abuse.

Of particular note is the recognition of the work of the Financial Harm Sub Committee of the AAPC who achieved a Bronze COSLA quality award in 2015 for excellent work in this area, in partnership across wide ranging public, private, and third sector services.

Between April and June 2014, the Care Inspectorate and Healthcare Improvement Scotland carried out a joint inspection of health and social work services for older people in Angus. The resulting report highlighted positive work in adult protection including the availability of comprehensive guidance for staff and a clear multi-agency approach. Improvement work has focussed on practice issues such as chronologies and approaches to risk.

Work continued in a challenging organisational context. Many committee partners continued to face significant changes during 2014/15 including reduction in resources and organisational restructure; this became more settled for the AAPC during 2015/16, albeit that work progressed towards the integrated Health and Social Care Partnership. Budget restrictions across all agencies meant role changes, increased areas of responsibility and challenges to workforce capacity. Nonetheless, partners demonstrated continued commitment to adult protection and partnership through their achievements against the business plans over 2014 to 2016.

The Partnership has continued to embed its revised Public Protection Executive Group structure and maintain its focus on governance and accountability. With this in mind we held an event in March 2016 which brought together Executive Members from Health, Police, Local Authority including Elected Members and Integrated Joint Board Members. This event provided a forum to discuss the key public protection issues affecting the people of Angus, hear about the key priorities from each of the partnerships (MAPPA, child protection, adult protection, alcohol and drugs, violence against women and girls and suicide prevention) and afforded us the opportunity to ask some difficult questions and seek assurance.

As outgoing chair, it has been a privilege to chair the AAPC and to work with the partnership's leaders. I would like to thank all AAPC members and to the AAPC support staff whose dedication and commitment has been crucial to all that has been achieved.

A handwritten signature in cursive script that reads "Margaret Well". The ink is black and the signature is written in a fluid, personal style.

Margaret Well - Independent Chairperson

I am delighted to have recently taken over from Mrs Margaret Wells as the Independent Chairperson for AAPC. I have been working with AAPC members to identify key priorities and planned developments that will be taken forward in the coming year and beyond. The AAPC Business Plan for 2016-17 sets out how we will deliver these priorities and our collective role in supporting and protecting adults at risk in Angus. I recognise this is an ambitious business plan but have confidence that we can deliver on these actions by working closely together.



I also look forward to the Adult Protection Committee developing a positive working relationship with the recently established Angus Health and Social Care Partnership. This will ensure that Adult Protection matters remain a key focus in the work of the Partnership and that joint and effective working will continue to develop and flourish across Angus.

I extend thanks to Mrs Wells for her support and thorough handover of Committee business and look forward to working with partners to deliver the key priorities and continue to improve outcomes for adults at risk of harm in Angus.

A handwritten signature in black ink that reads "Ewen G West". The signature is written in a cursive, slightly slanted style.

Ewen West - Independent Chairperson

CHIEF OFFICERS RESPONSE

We are very pleased to receive the Angus Adult Protection Committee (AAPC) Biennial Report for 2014-16.

We extend a warm welcome to the new Independent Chair of the Adult Protection Committee, Ewen West. Mr West brings considerable experience from his career in the Police and his other subsequent roles and is already providing strong leadership and challenge to the Committee. We would like to express our sincere thanks to the outgoing Independent Chair Mrs Margaret Wells for the years of exceptional commitment given to adult protection in Angus. We have been fortunate to have consistent leadership from Mrs Wells since the inception of the Committee and thank her for driving forward key protection agendas such as financial harm.

The establishment of our local Health and Social Care Partnership is providing opportunities to integrate our work and be more effective in achieving our shared outcomes. We are confident that the Adult Protection Committee will ensure the protection of our most vulnerable is consistent as we go through significant and transformational change.

We continue to be encouraged by the commitment, hard work and professionalism of all agencies across Angus in delivering high quality services in what is often difficult, demanding and challenging circumstances. It is however recognised that the only way we will meet these challenges, including the increasing demand on services and the current difficult financial landscape, is to continue to work effectively and collaboratively together in partnership to ensure that the safety and wellbeing of adults at risk remains our highest priority.

A handwritten signature in black ink that reads "Richard Stiff". The signature is written in a cursive, slanted style.

Richard Stiff
Chief Executive
Angus Council

A handwritten signature in black ink that reads "Paul Anderson". The signature is written in a cursive, slanted style.

Paul Anderson
Chief Superintendent
Police Scotland

A handwritten signature in blue ink that reads "Lesley McLay". The signature is written in a cursive, slanted style.

Lesley McLay
Chief Executive
NHS Tayside

1 INTRODUCTION

The Biennial Report of the Angus Adult Protection Committee (AAPC) for the period April 2014 to March 2016 describes and highlights progress towards outcomes set out in the AAPC Business Plan 2014-15 and 2015-16.

This annual report includes:

- A summary of the work of the AAPC and its sub committees with particular reference to progress towards agreed outcomes as per the Biennial Report 2012-14 and related Business Plan 2014-15 and 2015-16;
- A review of Adult Protection activity and analysis of trends and impact of the data;
- Next steps in developing multi-agency adult protection policy, procedure and practice over the coming year to achieve the agreed outcomes.

2. THE WORK OF ANGUS ADULT PROTECTION COMMITTEE

The Angus Adult Protection Committee (AAPC) is a multi-agency group which meets quarterly.

Our Vision – “Working together to protect adults at risk of harm in Angus”

The AAPC is chaired by an Independent Convenor and has a range of statutory, private and voluntary organisation representatives including Police Scotland, Angus Council and NHS Tayside (now Angus Health and Social Care Partnership) GP representative, Independent Advocacy and Angus Carers. We have recently widened representation to encompass a more diverse range of agencies including Voluntary Action Angus.

The Committee is supported by a Senior Planning Officer, an Adult Support and Protection Reviewing Officer, Workforce Development Officer and a Senior Clerical Officer.

The work of the Committee is taken forward by 4 sub committees each focussing on a specific objective; training, policy, practice and one themed committee on financial harm (see figure 1).

2.1 Aims of the Angus Adult Protection Committee

The committee aims to:

- Improve the safety of adults at risk of harm in Angus
- Ensure that adults at risk of harm are listened to
- Raise awareness of adult protection
- Provide an integrated approach to the development of adult protection policy and practice
- Ensure staff are confident and competent
- Ensure continuous improvement through audit and review of professional practice

2.2. Objectives of the Angus Adult Protection Committee

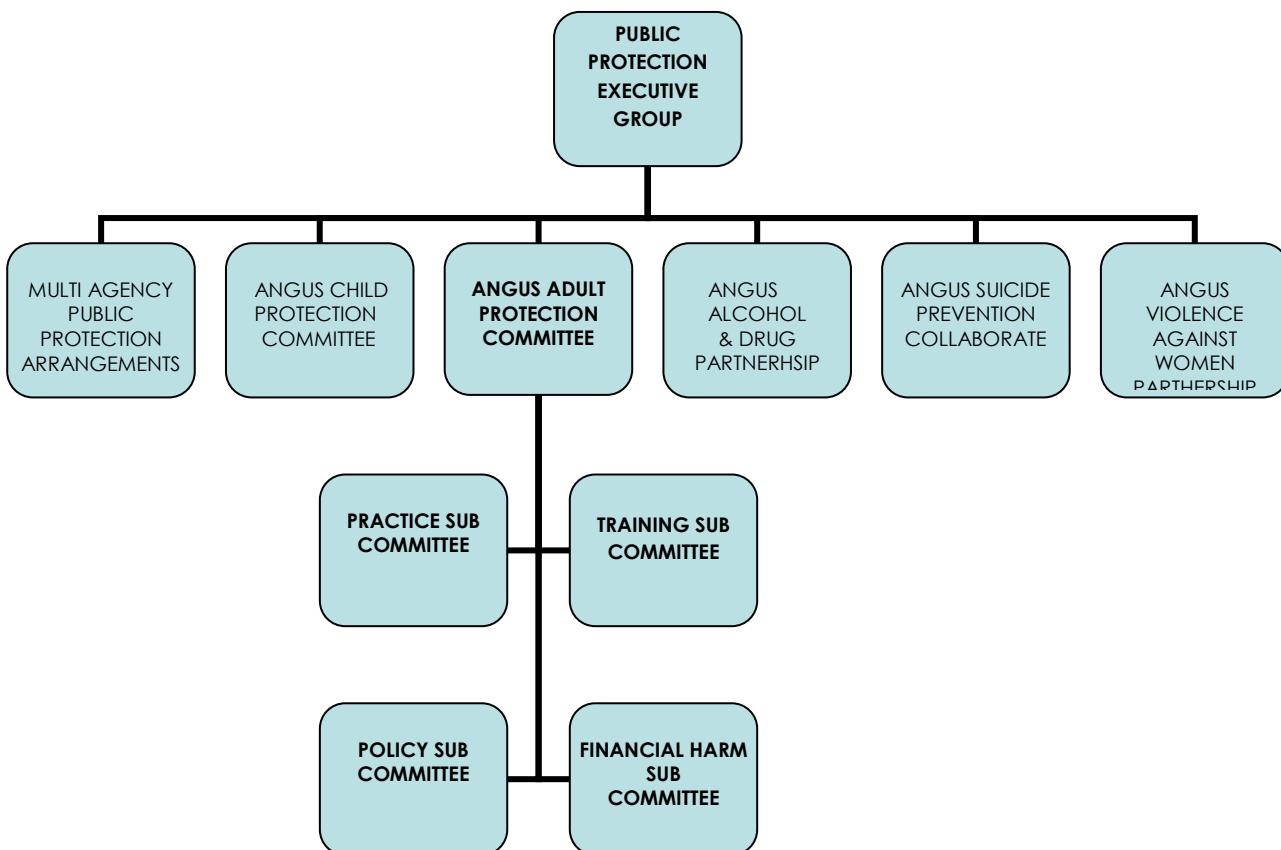
The objectives are to:

- 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 programs
- 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

2.3 Local Governance Arrangements

Angus has adopted a "Public Protection" vision. This means that the partnership believes that the best outcomes can be achieved for Angus people by promoting and facilitating links between all Angus 'protection partnerships'.

Figure 1



Governance arrangements for public protection were reviewed in 2014/15 by the Angus Public Protection Executive Group (PPEG). Terms of reference for the group were updated and membership streamlined to include executive level membership from Police Scotland, Angus Council and NHS Tayside. A key focus of the group is to promote closer alignment of the work of the strategic protection partnerships working in Angus to ensure an effective interface between all of the above partnerships. The Executive Group convenes quarterly and is attended by the chairs of the partnerships named above.

2.4 Strategic Priorities 2014 – 2016

The Angus Adult Protection Committee has worked towards the following priorities during 2014/16:

- Identifying adults at risk of harm, ensuring effective risk assessment and improving outcomes
- Acting to minimise prevalence of financial harm
- Promoting more effective engagement with service users
- Reviewing and amending adult protection practice in care homes
- Improving GP engagement with adult protection processes
- Enabling and facilitating referrals of adults at risk from Accident and Emergency departments
- Promoting better links and developing more integrated working between adult protection, child protection and public protection

Angus Public Protection Executive Group has further agreed that point 1 above, identification of risk; risk assessment; improved case chronologies and improving outcomes will form a shared priority for all public protection partnerships.

The work undertaken to meet the identified priorities and the impact is highlighted below.

3 SELF EVALUATION AND IMPROVEMENT TOWARDS IDENTIFIED OUTCOMES

A robust calendar of self evaluation has been developed which consists of a variety of activities designed to identify valid and well evidenced conclusions about how well the partnership is working to protect adults at risk of harm. Based on a two year program (2014-2016) the AAPC agreed and received reports based on the following sources of evidence:

- Direct observation, auditing and review of practice;
- Consultation and engagement of stakeholders and service user views;
- Evaluation of impact of learning and training opportunities;
- Performance data collected nationally, locally and within services.

Each of the sub committees use the outcomes of the actions to inform improvement work.

3.1 Practice Case Review and Audit

Each year the AAPC Practice Sub Committee takes an in-depth look at adult protection practice by undertaking 4 multi-agency case reviews and 4 multi-agency case audits using the framework developed by Hogg and May (2011). A collation of the themes and outcomes of the 16 audit and reviews undertaken between 2014 and 2016 are highlighted to Committee and give members' confidence that:

- Risks to adults are recognised and responded to - there is evidence that AP concerns are recognised and processes invoked to protect adults at risk;
- In most cases initial responses to allegations are effective – timescales are appropriate and proportionate to the risk/allegation, multi-agency working including involvement of Police and medical staff is appropriate;
- Risk management plans are established – all cases reviewed had risk management plans in place although these needed to be SMART(er);
- Individuals wider needs are addressed – there is good evidence of specialist input being requested and implemented to address wider needs;
- The overall quality of the life of the person is improved – there is evidence of increased safety and reduced risk of harm although more work is needed in clearly demonstrating positive outcomes;

- Appropriate intervention is provided during and after the case is concluded – whilst case records are generally well documented, there is a need to record, analyse and use single and multi-agency chronologies in assessment and planning for adults. There is good evidence of signposting and referral to Angus Independent Advocacy although there remains room for improvement on the use of the service.

➤ **Impact**

AAPC receive reports every 6 months on the case reviews. This affords members the opportunity to ask questions, seek assurance and agree how learning will be taken forward both within and across agencies.

The findings have directed the recent improvement work on chronologies in adult care. A shared multi-agency protocol and template for chronologies have been agreed in Angus and multi-agency training rolled out. Future self evaluation activity will evaluate effectiveness of this on timely and appropriate decision making for adults.

Work had been undertaken on the risk assessment and changes made to the template. The business plan 2016/17 highlights further work in the areas of Initial Referral Discussion's and planning based on the findings from the partnership's activities.

An Improvement plan for adult protection has been developed taking account of the improvement actions highlighted from case review and audit.

3.2 GP Survey and Adult Protection Learning

As a result of a report to the AAPC highlighting poor GP engagement with adult protection case conferences, a survey of GP's and Practice Managers was undertaken during 2014 to assess knowledge, confidence and awareness of adult protection processes and procedures. The survey was conducted by a GP (who is a member of the AAPC) which led to a high return rate of 63% of GP's, 57% of practice nurses and 100% of practice managers. Key points from the survey included:

- **62%** felt confident making an ASP referral to Angus Council if they believed there was neglect occurring within a care home/hospital within Angus;
- **30%** of those surveyed felt confident in seeking advice – further work is required on sharing information about making adult protection referrals;
- There is lack of confidence in assessing capacity (**55%** requested further training);
- Time pressure can prevent GP's from attending case conferences with a suggestion being made to hold them at different points in the day to facilitate attendance.

AAPC has taken forward a series of actions to promote confidence and awareness of adult protection including advertising the adult protection referral pathway and key points of contact. Angus CHP focussed a Protected Learning Time (PLT) Event on key areas including Adults with Incapacity and Adult Protection. The event was used as an opportunity to promote the local referral pathway to adult protection.

➤ **Impact**

The AAPC recognises that more work needs to be done with GPs and wider health colleagues to promote the identification of adult protection. Statistics show referral rates continue to be low for direct referrals. There is evidence in some cases of GPs sharing information with other professionals that leads to an adult protection enquiry but the partnership aims to increase the confidence of those working in primary health in the area of adult protection.

Future activity includes the promotion of the Angus protecting people e-learning module and access to adult protection learning opportunities.

3.3 AAPC Committee Self Evaluation

AAPC undertook a self evaluation of committee membership, function and accountability. Committee members completed a survey monkey questionnaire the results of which informed a development day for Committee Members in January 2015.

Overall Committee members felt that there was genuine commitment to ASP supported by good attendance and representation at Committee, a strong sub committee structure and focus on delivering the identified actions on the business plan.

➤ Impact

Committee members agreed that the day served to develop and enhance shared understanding of the purpose of the AAPC and the roles and responsibilities of its members. They identified a need for shorter, more focussed committee meetings; improved scrutiny of statistics/information; clear dissemination of learning from case reviews and clearer priorities all of which have informed Committee planning.

3.4 Adult Protection Staff Survey

As part of continuous improvement plans for child and adult protection, a 'survey monkey' staff survey was carried out focussing on the following areas:

1. Effective intervention in protection work;
2. Policies, procedures and guidance;
3. Roles and responsibilities; Role of named person (CP) and Council Officer (AP);
4. Learning and development;
5. Support and supervision;
6. Inter-agency communication and record keeping.

A total of 245 adult services staff completed the survey: over 35% return

There are significant themes emerging from staff feedback:

- **Understanding roles and responsibilities** of others and appreciating abilities and limitations; suggestions for cross agency work shadowing, practice learning opportunities, group supervision.
- Access to and support to attend, **good quality training** at all levels (i.e. basic and specialist);
- Focus on **collaborative working** including the **use of IT** in single agencies and between agencies.

➤ Impact

This data has reported to a number of fora including the Training, Policy and Practice Sub Committees and has directly informed the setting of priorities for the coming year including the development of Council Officer training and refresher training.

3.5 Care Inspectorate and Healthcare Improvement Scotland Inspection of Services for Older People in Angus

Between April and June 2014, the Care Inspectorate and Healthcare Improvement Scotland carried out a joint inspection of health and social work services for older people in Angus. The resulting report highlighted the following factors: the Partnership had clear guidance for adult support and protection. Guidance was comprehensive and had a clear multi-agency approach. Staff said that they felt generally confident in dealing with adult support and protection and they

were well supported. Social work managers felt that this area was tightly managed with clarity for staff when dealing with protection issues.

➤ Impact

There are six recommendations for improvement which are being taken forward in an improvement plan. Recommendation 3 pertains to chronologies and risk assessment/risk management (primarily in cases of 'non-protection risk') and is supported by the AAPC as part of the business plan.

4. PARTNERSHIP APPROACHES TO IMPROVE OUTCOMES

4.1.1 Tackling Financial Harm

AAPC are confident that the well developed partnership arrangements locally have raised awareness of financial harm and increased identification, support and protection of vulnerable people.

The Angus Financial Harm Sub Committee (AFHSC) of the AAPC has key local financial bodies as members who deal with many potential scam transactions. This work has resulted in adult protection referrals being received from a range of financial outlets including banks and post offices. In 2015/16, almost 10% of adult protection referrals were made by trading standards, post office and other financial institutions. Every local financial institution in Angus is supplied with information on the regular visits made by AFHSC partners.

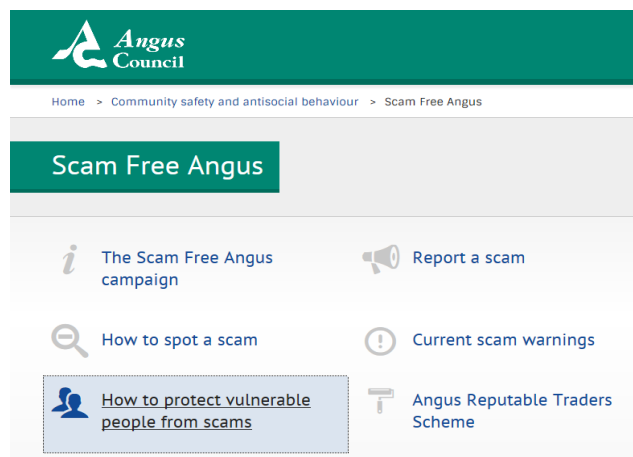
Communication has remained a priority. A variety of communication methods have been used including "Scam Free Angus" leaflets with all prescriptions and home deliveries from a local supermarket, the launch of an Scam Free Angus Twitter Account, a short promotional pod cast available via Angus Council and advertising and promotion in local press, radio and events.

In response to the outcomes of public awareness surveys conducted jointly with the Angus Child Protection Committee we have developed a system for online reporting.

We have developed a policy on financial harm that sets out clearly the responsibilities of people when they suspect financial abuse.

Partners have developed a method of prioritising, contacting, advising and supporting possible victims of financial scams. Operation Carpus was a response to receipt of a list of 193 Angus names of possible victims from the National Scam Hub (a "suckers list"). Most people identified were visited and appropriate protective measures taken. A full report on Operation Carpus is available at aapc.org.uk

The award winning trialling and testing of call blocking technology with partner local authorities to protect adults at risk from scam phone calls has been successful. In 18 months 32 vulnerable adults with call blockers had 98.5% of unwanted telephone calls blocked. This was over 11,500 calls. Of these 15% are estimated to be scam calls with potential savings of over £2 million.



The AFHSC has been awarded a Bronze COSLA award for Service Innovation and Improvement (January 2015) based on the above work and achievements.



A local multi-agency conference on Financial Harm brought over 70 professionals together to plan the next steps in tackling the issues, the result of which was the establishment of a local Financial Abuse Support Team (FAST).

4.1.2 Establishment of a local Financial Abuse Support Team (FAST)

A FAST team has been established with a view to ensuring a coordinated and prompt response to financial abuse.

The FAST has been developed from within existing police, social work, and trading standards resources; with 20 officers from the 3 agencies having volunteered to be FAST team members.

FAST referrals have come in from a variety of sources; Police, Angus Council Access Line, Banks, Royal Mail and the National (UK) Scam Hub. When any agency receives a referral regarding possible financial abuse a FAST meeting (multi-agency group) is convened within 72 hours to share information and plan a response.

The work on preventing financial harm has been aided by two separate grants for purchase of phone call blocking devices which effectively protect more vulnerable people against scam and other nuisance phone calls.

In the 9 months to 31 March 2016 there have been 79 referrals to a FAST meeting of which 14% have resulted in an adult protection referral, 43% have received additional information and over 30% have benefited from a home visit and advice given.

We expect that by identifying and intervening early that we have reduced the number of adult protection cases by taking early action. This approach is working well based on the commitment of all partners. A review of the Angus FAST is taking place in September 2016 to evaluate progress to date and plan ways of further publicising and improving the service provided.

Service User Feedback

"I have got my life back. I think "How did I let people get me like this?" Now I can protect myself - it is marvelous!"

4.2 Large Scale Investigations

The AAPC has maintained a focus on improving outcomes for adults in care homes; working with the Care Inspectorate to develop a protocol for large scale investigations and delivering multi-agency training to support this.

In particular identification of risk in a care home setting has been promoted. Referrals for adults in a care home setting as a proportion of referrals have increased significantly.

Year (April - March)	Number of referrals	Location of harm care home	Percentage
2012/13	434	11	2.5%
2013/14	304	19	6.2%
2014/15	337	20	5.9%
April 2015 - Dec 2015	162	14	8.6%

Since November 2014 there have been:

- 5 Large Scale Investigation initial meetings
- 8 Large Scale Investigation review meetings
- 4 Care Homes involved

AAPC have identified improvements in care homes and care by 'care at home' providers as a continuing priority and work in the 2016/17 Business Plan supports this.

5 STATISTICS

AAPC receive 6 monthly statistical reports on adult protection activity. During 2015/16 AAPC have focussed on the reasons for decreasing numbers of Police Referrals and sought assurance from partners that practice, policies and procedures such as our Early Screening Group remain appropriate to ensure early and appropriate sharing of information and action to support and protect adults. AAPC recognise that further scrutiny of the statistics and trends is required and this work will contribute to the identification of future outcomes and priorities.

A summary of our trend information is given below:

5.1 Adult Protection Referrals and Inquiries

2.1 Number of Referrals by Source

Source of Referral	April 2012 March 2013	April 2013 March 2014	April 2014 March 2015	April 2015 March 2016
Police	462 (88%)	286 (83%)	302 (81%)	150 (65%)
Social Work and Health	23 (4%)	29 (8%)	29 (8%)	25 (11%)
Family	3	1	2	5
Member of the Public	5	2	2	2
Carer	2	8	2	2
Voluntary organisation	2	0	2	1
Other care home	3	6	12	13
Other	3	1	3	23 (10%) *
Self	9	1	1	2
Health Acute	1	1	3	0
Health GP	1	4	3	0
Health Primary	2	1	1	4
Local Authority care home	0	0	1	0
Care at home	2	0	2	2
Housing	5	3	1	1
Care Inspectorate	0	2	2	2
OPG	0	0	1	0
Fire and Rescue	0	0	2	0
Friend/Neighbour		0	1	0
MWC	0	0	0	0
Total	526	345	372	232

Percentages are shown for referrals from Police Scotland and from Social Work and Health and “other”

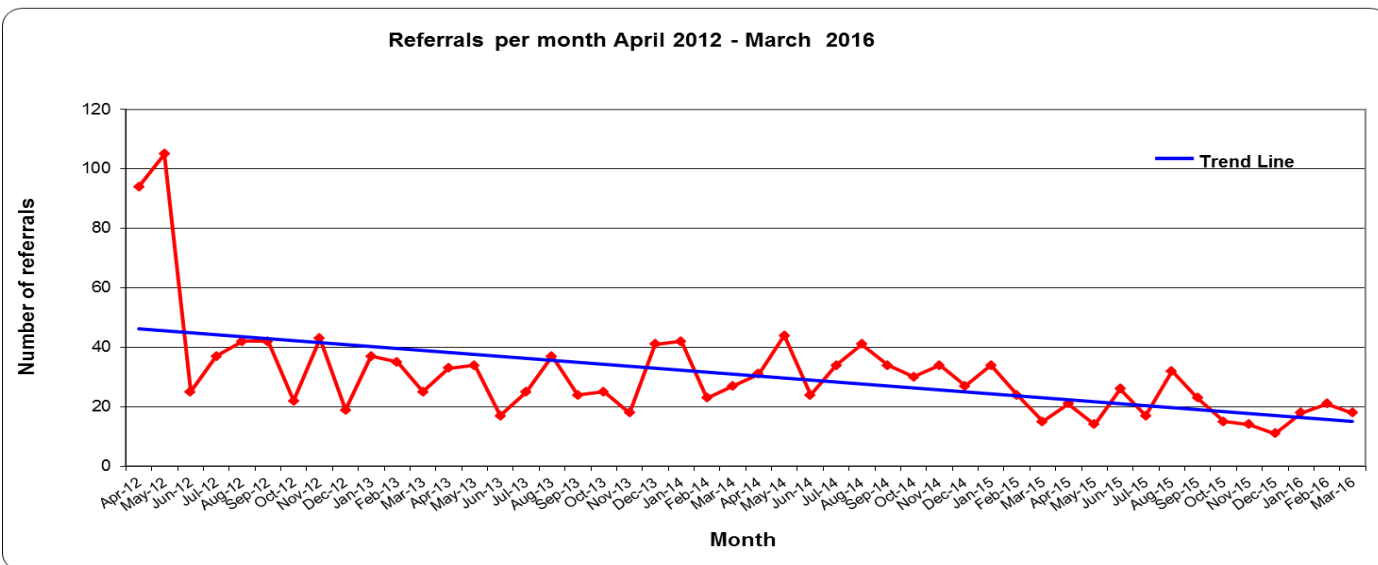
*other comprised	4	Bank/Building Society
	8	Royal Mail Scam Hub
	9	Trading Standards
	1	Dentist
	1	Other local authority

The information above shows that Police Scotland continues to be the agency that makes the most adult protection referrals. The reasons for the 23% decrease in referrals (from 2013 – 2016) is discussed below.

The data shows significant impact in awareness raising with financial institutions which now accounts for 10% of adult protection referrals.

AAPC recognise that work needs to be done to increase the rate of adult protection referrals from Health and other key partners. We will target our core training program across all agencies and ensure training is available to a wide range of people in contact with adults.

5.2 Number of Referrals – Trend 2012 – 2016



Adult protection referrals continue to decrease as demonstrated in figure 1 above. The number of referrals has fallen by 56% between 2012/13 and 2015/16.

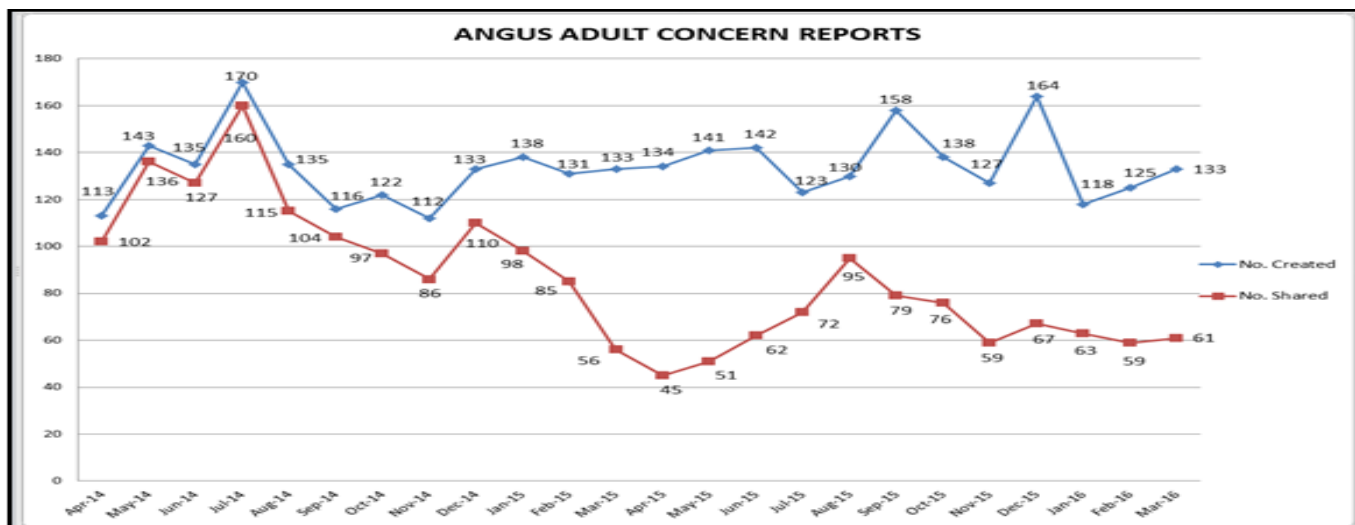
One of the primary reasons for this has been improvement in Police Scotland and the establishment of a Risk and Concern Hub. Improvements have seen more robust approaches by the Police and decisions made about sharing information based on consent, necessity and proportionality.

AAPC support the aim of Police Scotland is to ensure the most relevant and proportionate referrals are sent to the Angus Health and Social Care Partnership to ensure a higher percentage of vulnerable adults are provided with the appropriate supports.

AAPC have sought assurance from Police Scotland that they continue to identify adults at risk and are confident that adults are identified and that more appropriate information is being shared.

Figure 2 below shows the continued identification of adults (subject to a concern report) and the decreasing numbers being shared with Angus Council.

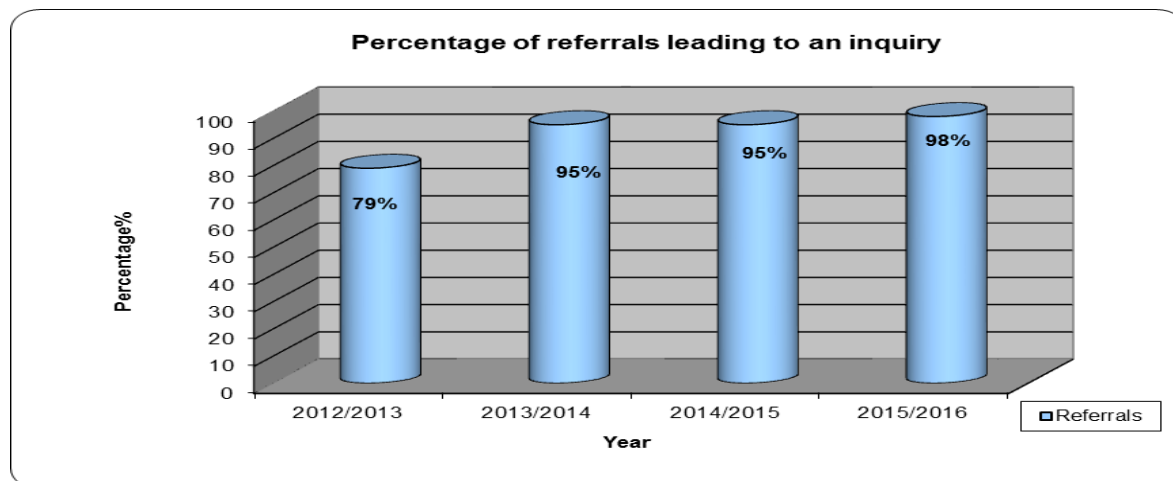
Figure 2



5.3 Adult Protection Inquiry

As the number of referrals has fallen the percentage of referrals that led to an inquiry under the Adult Support and Protection (Scotland) Act 2007 has increased (figure 3). This suggests that, with at least an initial inquiry being undertaken on receipt of 98% of all referrals, referrals received are relevant.

Figure 3



In line with the trends above, there is an increase in the number of referrals that ultimately result in an Adult Protection Investigation and an Adult Protection Case Conference (an increase from 9.5% in 2014/15 to 21% in 2015/16) Figure 4 and Figure 5. This suggests that referrals being made are appropriate and meet an agreed threshold for adult protection. However the decreasing numbers of referrals and the source of referrals in Angus will be kept under review by the AAPC to ensure that there is shared understanding of adults at risk of harm and staff across agencies make referrals when they have concerns.

Figure 4

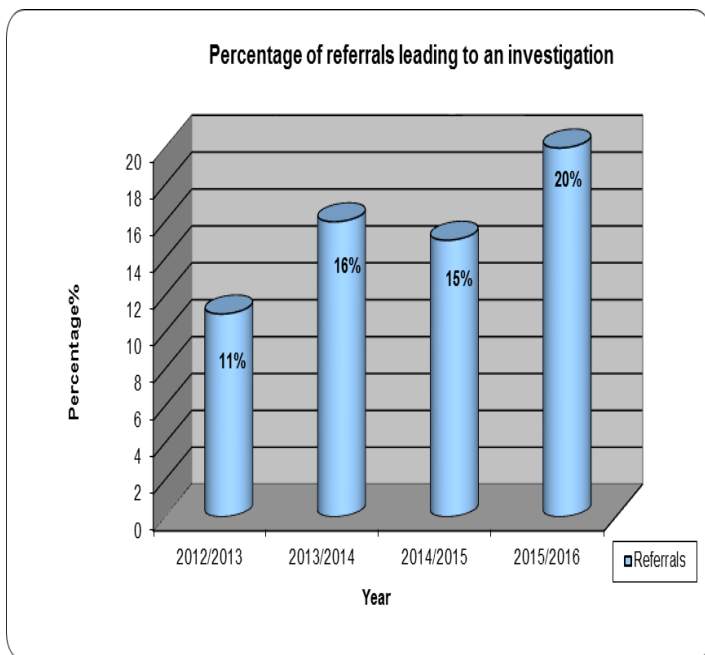
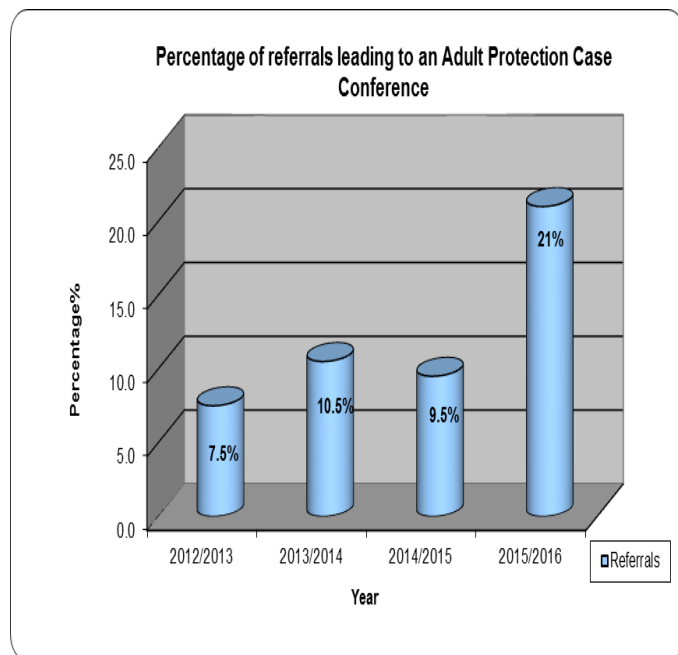


Figure 5



5.4 Protection Orders

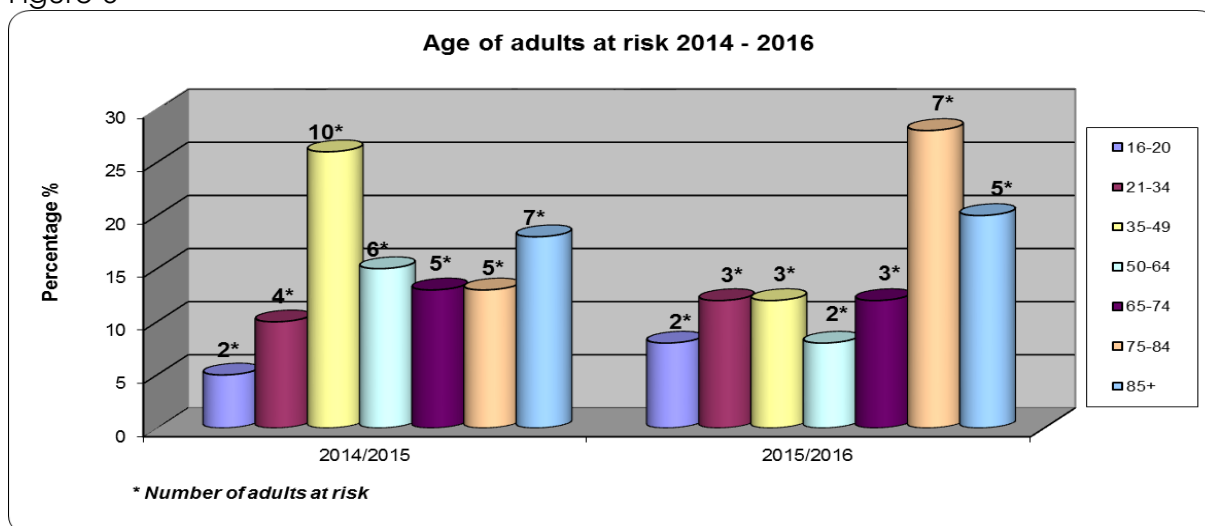
The statistics show that Protection Orders are used rarely in safeguarding adults in Angus. Soon after the implementation of the Act Angus had relatively high use of banning orders in particular, but in 2014/15 and 2015/16 there were none. However it is perhaps the case that, as practice has developed alternatives to application for banning orders are very closely considered and implemented.

5.5 Profiles of Adults at Risk

5.1.1 By Age

Last year, over 50% of adults deemed to be 'at risk' were over 65 (see figure 6). This is a higher percentage than the previous year. The numbers are small and therefore there is no statistical significance. When considered together with the statistics for 'client group' it is clear that a greater number of older people who are at risk due to problems arising from infirmity are identified. We would expect to see older people represented in our adult protection statistics.

Figure 6



5.2.2 By Type of Harm

Adults at risk are usually agreed (at adult protection case conferences) as being at risk of more than one type of harm. For example someone neglected may also be at risk of emotional or physical harm. Although the numbers of adults at risk of financial harm has slightly fallen from 2014/15 to 2015/16, it is still the most common type of harm dealt with at adult protection case conferences in Angus. This is more evident even when considering only principle type of harm where financial remains twice as common as the next most prevalent type of harm (physical) see figure 7 &8).

As noted above, AAPC will use the statistics to plan developments including some work on identifying harm that is significantly under represented such as sexual harm which is present neither as a principle or secondary type of harm.

Figure 7

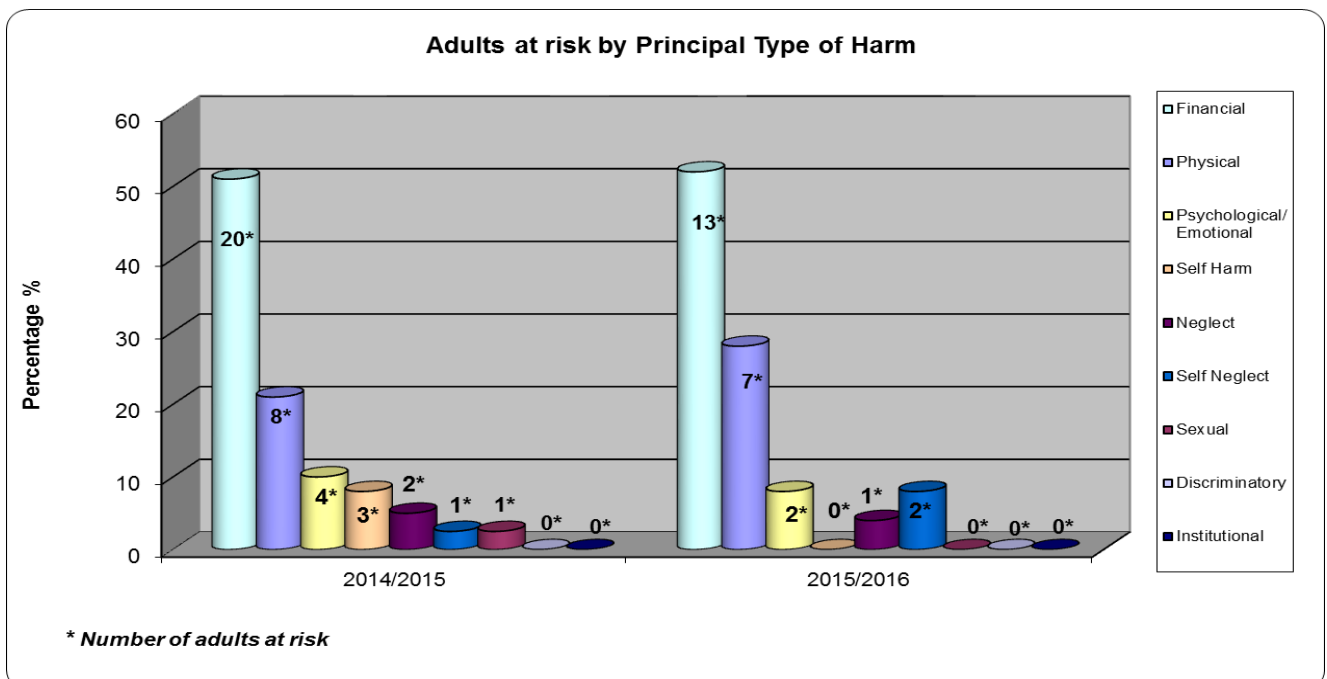
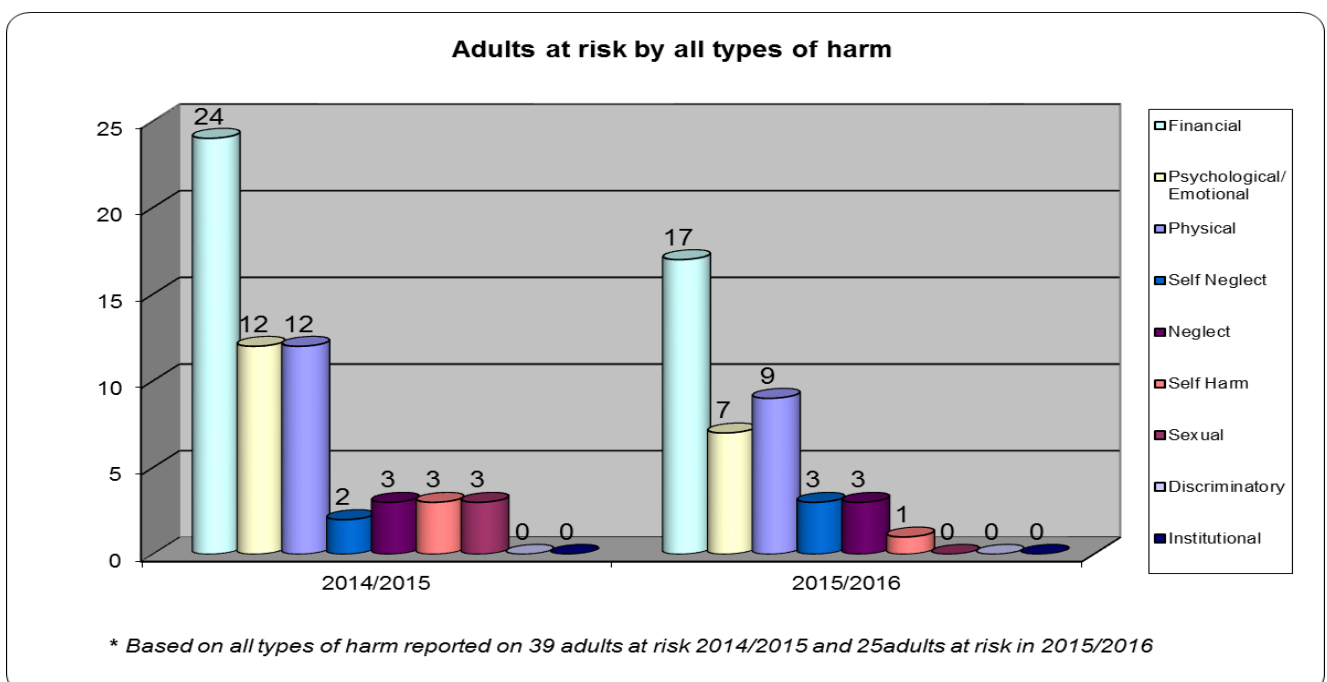


Figure 8



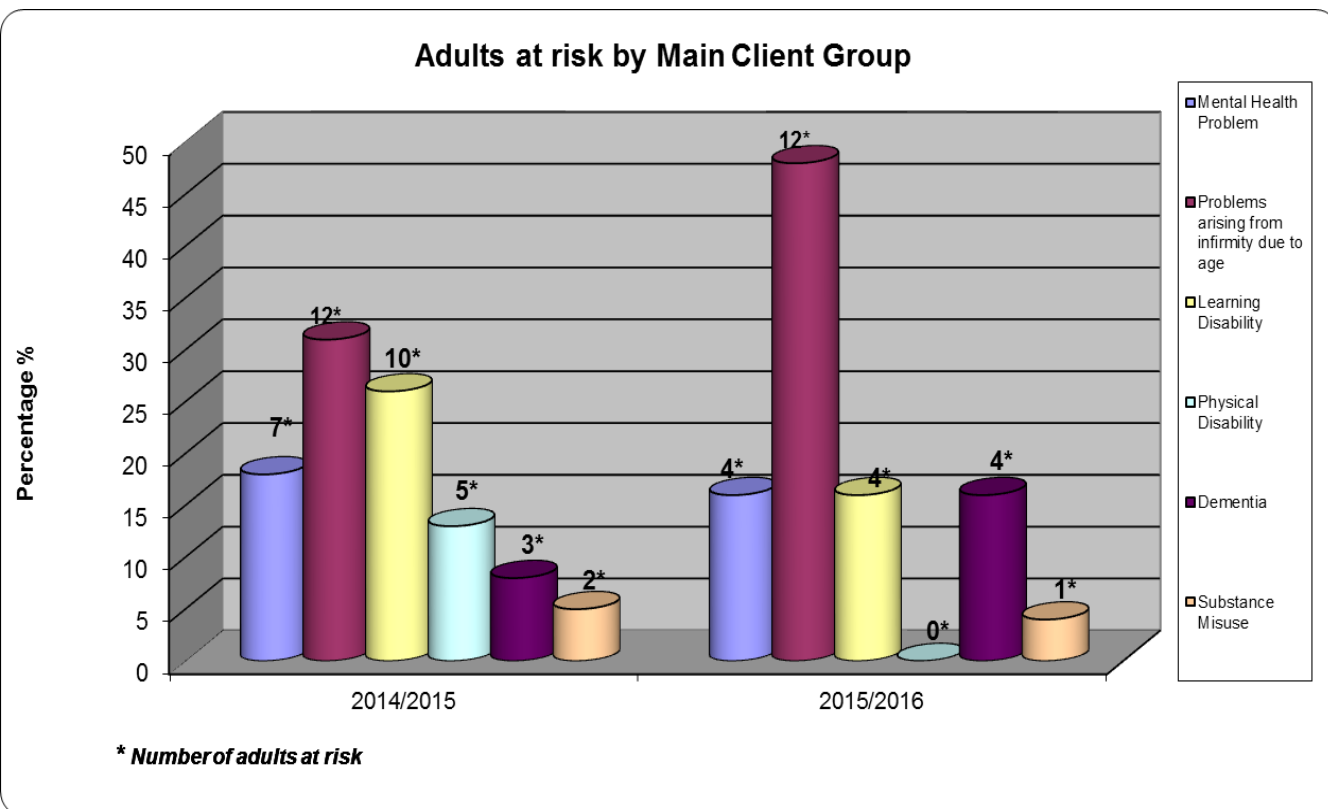
5.2.3 By Main Client Group

Main Client Group

The graph shows a marked increase in the proportion of older people's cases who were "adults at risk" in the recent year. However this disguises the fact that there have been fewer adults who have had protection plans during 2015/16 than the previous year with older people's numbers remaining steady and other client groups' numbers falling generally.

The statistics show a concerning trend in the adults with learning disabilities and physical disabilities; a reduction from 15 people identified in 2014/15 to 4 people identified in 2015/16. Further work will be undertaken to understand the relationship between practice and statistics. AAPC have identified that work needs to be undertaken on the process of Initial Referral Discussions to ensure consistent practice and shared thresholds and approaches are taken to identification and management of risk. Different practices locally in using IRD's in early identification of adult protection concerns may account for some of the statistical variations.

Figure 9



6 COMMUNICATION AND ENGAGEMENT WITH COMMUNITIES

Local Campaign - 'See Something Say Something'

The AAPC has:-

- Promoted the use of ACCESSLine as a point of contact for members of the public via 'See Something Say Something' campaign and have launched an 'online reporting' tool to encourage members of the public to share concerns about vulnerable children and adults. Early indications of the 'report it' function are very positive; 4% of all child and adult protection concerns from the public were shared using this facility; this is despite this only being available for a quarter of the year.
- Supported this approach by delivering comprehensive training to all ACCESSline and ACCESS Office staff in dealing with members of the public, strategies to illicit best information.
- Continued its wider engagement program including 'tweeting' information on key protection issues such as the Scottish Government Campaign and engagement with students at Dundee and Arbroath College in providing seminars on adult protection;
- Used a short local promotional video highlighting local work on financial harm;
- Promoted a Tayside Power of Attorney (PoA) Campaign with an overall increase in applications and enquiries about PoA locally.



7 STAFF TRAINING AND DEVELOPMENT

Core Programme

A core programme of Adult Support and Protection Training has been delivered to staff from across all partner agencies within Angus. This suite of courses aims to equip all staff with the key skills and competencies to enable the effective protection and support of adults at risk in Angus. This training continues to be well-attended and well-evaluated by participants. In addition, January 2016 saw the launch of an e-learning Protecting People module available to all staff within Angus thus ensuring the widest reach possible in terms of access to learning and development opportunities.

At a more specialist level, two 2 day training courses entitled "Interview Skills Training for Council Officers" have been delivered on behalf of Angus Adult Protection Committee Care Training Matters, assisted by Angus Council Adult Services staff as expert facilitators.

See Appendix 1 for Training Breakdown

Our future focus will include development of:-

- Training resources for care providers
- Council Officer Training
- Council Officer Refresher/CPD Training

These priorities are reflected in the Business Plan for the year ahead and are designed to meet local outcome "Adults at risk in Angus will be supported by skilled staff, at all levels and across all organisations, with the knowledge and confidence to work effectively".

Focus on Chronologies

Between August and December 2015 Effective Chronologies training was delivered at 5 locality based sessions across Angus. Practitioners from Angus Council and NHS assisted as facilitators.

A total of 130 staff from Angus Council, NHS Tayside, Voluntary Organisations and other partners attended these sessions which introduced the Tayside Practitioners Guidance on Chronologies in Adult Services.

Evaluations were in general positive although concerns were expressed regarding the demands on practitioners in terms of time and the lack of a shared electronic information system.

Effective Chronologies Training now forms a part of the ongoing training programme.

Staff Feedback

“I understand the process better now”

“Really liked the professional discussions”

“Helped being able to work through case example”

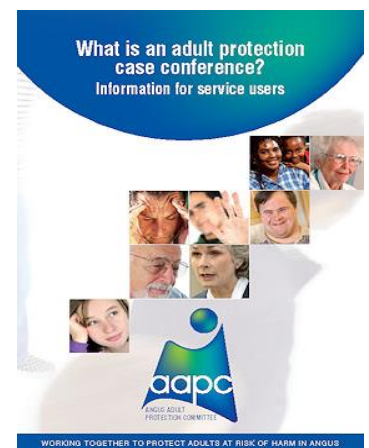
“Still a lot of questions unanswered around how this will work in practice”

8 ENGAGING WITH SERVICE USERS

The AAPC gains feedback from service users and carers in a variety of ways including:

- Questionnaires completed at Adult Protection Case Conferences;
- participation in audits to give their views;
- Representation on the Committee from voluntary agencies in touch with service users and carers.

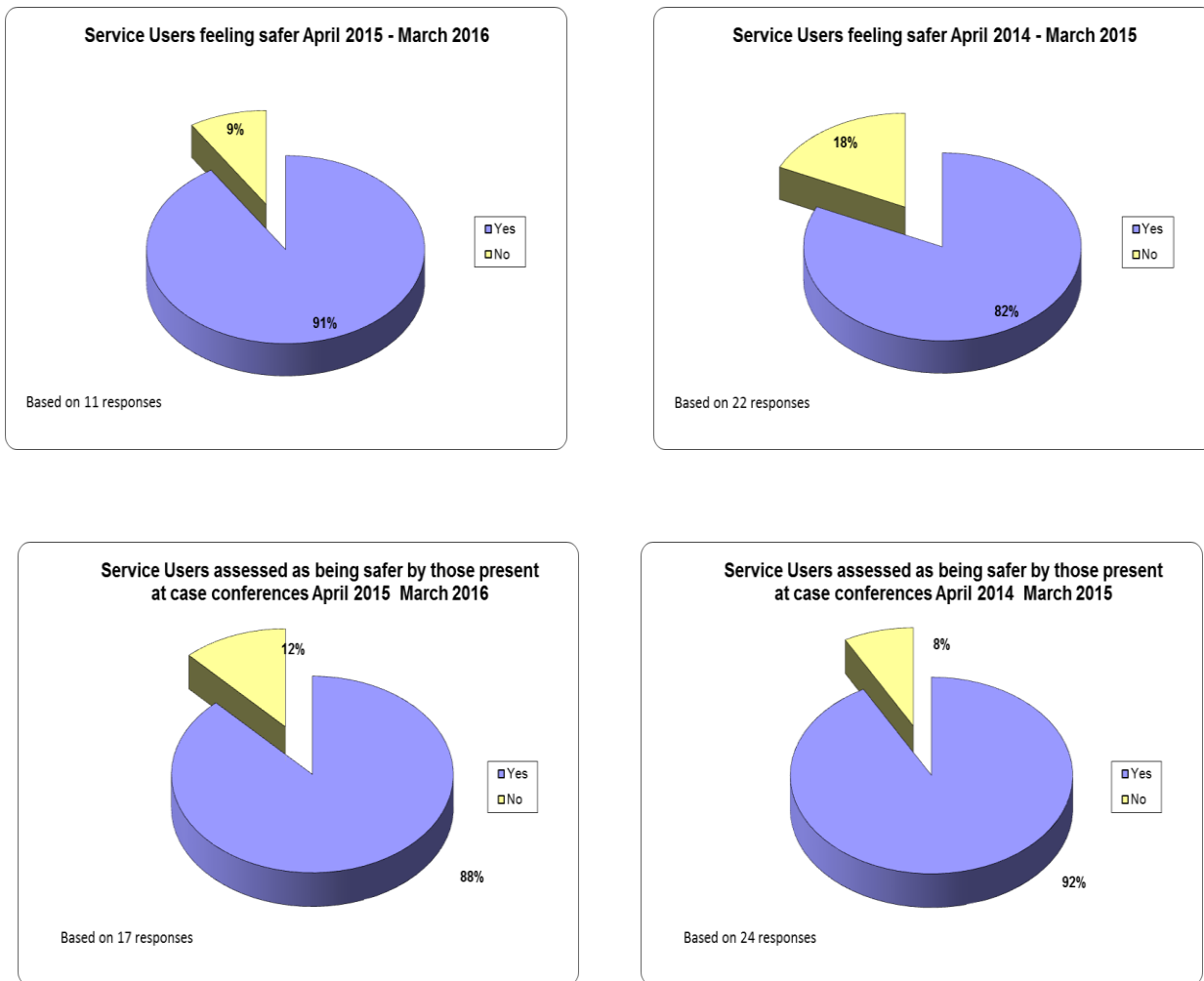
These results highlight improvements in the adult feeling safe and being safer as a result of intervention.



The figure for service users has usually been lower than the one for the professionals assessing whether the adult is safer. This is largely explained by the fact that some adults at risk have not been able to recognise the risk of harm that they face and therefore been unable to recognise any reduction in the risks (see figure 10).

The AAPC business plan identifies how we will engage with service users to meet our local outcome, 'Service Users and the public will be offered the opportunity to help shape the future development of Adult Protection work in Angus'.

Figure 10



9 CONCLUSION

Angus APC is committed to maintaining a clear focus on working in partnership to achieve better outcomes for adults at risk in our community by delivering a business plan for 2016-17 related to the priorities set out at section 1.5 above; building on achievements; and addressing the areas for improvement identified in this report.

With the leadership of Mr Ewen West, Independent Chair from April 2016, the AAPC has shaped and structured its business plan 2016 – 2017 to achieve the following local outcomes:

- The community in Angus will have a high level of awareness of Adult Protection through ready access to a variety of different forms of information and ways to share concerns.
- Adult at Risk across the whole of Angus will experience inter-agency support and protection that is consistent, effective, timely and responsive to identified themes.
- Adults at risk in Angus will have confidence that the agencies providing services work continuously to improve the way they work together.
- Adults at risk in Angus will be supported by skilled staff, at all levels and across all organisations, with the knowledge and confidence to work effectively.
- Service Users and the public will be offered the opportunity to help shape the future development of Adult Protection work in Angus

APPENDIX 1

Training Breakdown 2014/2015 and 2015/2016

	Angus Council SW	Angus Council Education	Angus Council Resources	Angus Council Communities	NHS	Police	Private sector	3 rd Sector	Public Bodies
Information Sharing & Communication	40	4	1	3	16	5	8	13	2
Assessing Risk	43	4	1	3	15	6	8	18	2
Roles and Responsibilities	14	0	0	0	5	4	6	3	0
Council Officer Interview Skills Training	8	0	0	0	0	0	0	0	0
Totals	105	8	2	6	36	15	22	34	4

	Angus Council SW	Angus Council Education	Angus Council Resources	Angus Council Communities	NHS	Police	Private sector	3 rd Sector	Public Bodies
Information Sharing & Communication	47	0	0	5	17	4	3	11	1
Assessing Risk	49	0	0	5	18	4	3	11	1
Roles and Responsibilities	41	0	1	7	16	9	5	36	1
Effective Chronologies	96	0	0	2	26	0	0	6	0
Council Officer Interview Skills Training	16	0	0	0	0	0	0	0	0
Totals	249	0	1	19	77	17	11	64	3



Angus Adult Protection Committee

Business Plan 2016 – 2017

ANGUS ADULT PROTECTION COMMITTEE BUSINESS PLAN 2016 – 2017

No of actions	Completed (G)	On Target (A)	Behind Target (R)
32			

The Business Plan sets out how we will achieve the intended outcomes for 2016 – 2017.

1. Public Information The community in Angus will have a high level of awareness of Adult Protection through ready access to a variety of different forms of information.

	Specific Action	Timescale	Person/Group Responsible	Update as of
1.1	Review and refresh joint Communications Plan for Child and Adult Protection for 2016-2017 (see appendix 1) to ensure the public and professionals have access to appropriate and up to date information and key contacts both in hard copy and via SMART technology.	April 2016	Snr PO/Practice Sub Committee	
1.2	Maintain a focus on Financial Harm and ensure the links to adult protection are promoted (as detailed in FHSC plan).	April 2016	FHSC	
1.3	Support Child and Adult specific campaigns, both National and Local, such as Financial Harm, CSE by using Council and partner Twitter Accounts, Websites and Supporting the production of specific materials.	Throughout 2016 - 2017	Practice Sub Committee/FHSC	

2. Policies, Procedures and Protocols
Adult at Risk across the whole of Angus will experience inter-agency support and protection that is consistent, effective, timely and responsive to identified themes.

	Specific Action	Timescale	Person/Group responsible	Update as of
2.1	Ensure operational protocols exist within and across agencies and ensure they are appropriate and fit for purpose.	By December 2016	Individual Committee Members	
2.2	Review newly established FAST procedures, outcomes and links to prevention and early intervention in adult protection.	By December 2016	FAST Team (Police/APRO/TS)	
2.3	Review and refresh procedures for ICR/SCR to ensure they are fit for purpose and support a learning approach to practice.	By September 2016	Snr PO/Policy Sub	
2.4	Explore opportunities to develop shared protocol for ICR/SCR across public protection partnerships.	March 2017	Snr PO/Policy Sub	
2.5	Review and update inter-agency guidance for adult protection; ensure clear relationships between recently updated Tayside Guidance and single agency guidance (taking account of staff survey results).	January 2017	Snr PO/Policy Sub	
2.6	Review the process for LSI's including the role of partner agencies and the Care Inspectorate and explore opportunities for joint work.	May 2016	APRO	
2.7	Further integrate the work of the APC into the wider public protection partnerships by sharing priorities, maximising opportunity for joint working and embedding practice links.	Quarterly meetings of Chairs & LO's/reporting to PPEG quarterly	Chair/Snr PO	

3. Quality Assurance

Adults at risk in Angus will have confidence that the agencies providing services work continuously to improve the way they work together.

	Specific Action	Timescale	Person/Group responsible	Update as of
3.1	Undertake 2 planned multi-agency case file reviews and 2 audits of self evaluations of adult protection cases during the year. Our audit and self evaluation activity (3.1 and 3.2 below) will ensure review of practice in the following areas; older adult in care home; mental health, substance use and LD services.	April 15	Practice Sub Committee	
3.2	Focus on inclusive reflection in adult protection practice by hosting 4 localities self evaluation 'Network of Support's'.	4 locality events by October 2016	Snr PO/Practice Sub Committee	
3.3	Undertake case reviews of good practice and concerning practice as they are referred by agencies to the practice sub.	As referrals are made.	Practice Sub Committee	
3.4	Develop a SMARTer system for improvement planning arising from internal case reviews and self evaluation and national case reviews to improve monitoring of progress of recommendations arising from reviews.	June 2016	Practice Sub Committee/Snr Clerical Officer/Snr PO	
3.5	Consider the implications of any reports, produced by the Mental Welfare Commission for Scotland, for adult protection practice and agree any relevant consequent actions.	Throughout 2016/2017	Practice Sub Committee	
3.6	Use 6 monthly data reports to focus on areas of low referral by type of harm; use this data to inform planning for training and policy.	June and December 2016	APRO & Individual Committee Members	
3.7	Use nationally available data resulting from statistical returns made to the Scottish Government to develop improved arrangements for benchmarking and analysis of trends. Improve format for Committee scrutiny.	Set timetable when data becomes available.	APRO	
3.8	Review local ESG protocol and procedures in line with development of Police Scotland Risk and Concern model.	January 2017	ESG Group	
3.9	Specify the definition of IRD and the appropriate implementation procedures for adults in Angus.	January 2017	Practice Sub Committee	
3.10	Undertake an Adult Protection Committee development day.	Chair/Snr PO	September 2016	

5. Involving service users and the public

Service Users and the public will be offered the opportunity to help shape the future development of Adult Protection work in Angus

	Specific Action	Timescale	Person/Group responsible	Update as of
4.1	Update the adult protection learning and development program to ensure staff have access to opportunities that are flexible, responsive and meet local need; training is adapted and updated following analysis of feedback (via survey monkey).	August 2016	Training Sub Committee/Workforce Development Officer	
4.2	Support single agencies to develop good quality single agency training including access to e-learning, 'train the trainers' and interactive practitioner presentation materials.	December 2016	Training Sub Committee	
4.3	Focus attention on Care homes and Care At Home providers to ensure staff recognise and respond to adult protection concerns.	December 2016	APRO/Workforce Development Officer	
4.4	Develop an annual program of Council Officer Training delivered locally with links to local practitioners and services.	December 2016	Workforce Development Officer	
4.5	Develop a model of ongoing support and refresher training to established Council Officers.	December 2016	Workforce Development Officer	
4.6	Ensure adult protection is understood by strategic leaders and managers including Elected Members and IJB board members.	March 2017	Chair/committee members	
4.7	Ensure sufficient learning and development opportunities on ASP and related legislation are readily available to primary care staff and GP's to increase the number of ASP referrals received.	March 2017	GP representative/Training Sub Committee	
4.8	Undertake engagement with Scottish Ambulance Service and Scottish Fire and Rescue Service regarding adults at risk of harm and their role in prevention and early intervention.	January 2017	Health representative	
4.9	Deliver an inter-agency conference, in conjunction with local and national agencies, on ASP identifying key themes (i.e. feedback from Network of Support/key vulnerable groups etc).	March 2017	All	

	Specific Action	Timescale	Person/Group responsible	Update as of
5.1	Seek the views of service users in respect to their experience of adult protection case conferences and report the findings to the AAPC on a 6 monthly basis.	June/Dec 2016	Commission external, independent person	
5.2	Report on whether adults at risk felt safer at the end of a period when a plan for their protection has been put in place.	June/Dec 2016	Commission external, independent person	
5.3	Use the Network of Support as an opportunity to seek service user feedback on adult protection services.	October 2016	Snr PO/Practice Sub Committee	

Appendix 2

Angus Adult Protection Committee and Angus Child Protection Committee

Communication Plan 2016/17

Intended Outcome:

Improved awareness/confidence amongst Angus public in reporting concerns about children and adults. Professionals have access to appropriate multi-agency guidance and protocols, information about current training, matters of interest and key contacts.

Purpose

This document sets out the key actions and how these will be implemented, monitored and evaluated to ensure effective information and communication across Angus to ensure the protection of children, young people and adults at risk.

No	Task	Person/Group Responsible	Timescale	Resource Implication	Outcome Indicator
1	To review both ACPC and AAPC satellite websites in line with the strategy for Transforming Angus; to ensure alignment with other Partnerships and ensure public and professionals have access to current information on child and adult protection; appropriate links to national and local information and key contacts.	Snr Planning Officer/ Communications Team	By November 2016	Transforming Angus Support; Time	Adult and Child Protection Area/website that is user friendly
2	Promote the Angus campaign for child and adult protection, See Something Say Something by ensuring information and key contacts are well publicised. Including but not limited to: <ul style="list-style-type: none">• Hard copy in key public places i.e. GP surgery, Community Centres, Access Offices, libraries.• Information stalls, Supermarket campaign, Council wage slips, electronic signage, Council vehicles, radio advertising and newspaper articles, via partner websites	Snr Planning Officer/ Snr Clerical Officer/ sub-committees	Key points in the year: Summer – information stalls Christmas – supermarket campaign	Time	Number of members of the public who contact ACCESSline/use the web address to report child/adult protection concerns

3	<p>Support child and adult protection specific campaigns such as National Campaigns, local issue based campaigns such as financial harm, child sexual exploitation by using Council and partner Twitter Accounts, websites and supporting production of specific materials.</p> <ul style="list-style-type: none"> • Use a Social Media Calendar to promote the message – Twitter and Facebook. Use # and facts/case vignettes. • Ensure appropriate links to other Partnership websites. 	Snr Planning Officer/partners	As required or requested via application to Committee	Applications assessed individually	No of tweets/re-tweets/article 'likes'
4	Review success of ' report it ' function on Angus Council website for reporting of child and adult protection concerns (to supplement ACCESSline telephone reporting).	Snr Planning Officer/ IT/ACCESSline			Number of concerns reported via the 'report it' function on the website (6 monthly)
5	Utilise 'twitter' to be more responsive and share key messages about learning and development i.e. promoting training calendar, key messages from learning, quotes from feedback, pictures and inspirational quotes. To be directed at staff and seek followers from independent care homes, schools, ASN local networks etc.	Wendy Hinnie/Kirsty Lee	Starting by July 2016	Smart Phones to be responsive (£50 upfront per phone and basic running costs)	Multi-agency staff and organisations receive key information on learning and development around key protection issues

K. Lee

Snr Planning Officer

April 16