



Annual Report
2020-2021

Foreword

by the Independent Chair

As Independent Chair of the Angus Adult Protection Committee (AAPC), I am delighted to present this Annual Report which covers the period April 2020 to March 2021.

This period has seen a very significant increase of 79% in the number of Adult Protection Referrals received and this together with the impact of the Covid 19 Pandemic on the delivery of adult protection work, has presented a number of challenges to those working in Angus who are continually striving to ensure that the most vulnerable adults in Angus are afforded an appropriate level of protection.

As Chair of the Committee, I am indebted to the diligence, professionalism and dedication which has been demonstrated by staff of all statutory and third sector agencies in their delivery of support to vulnerable adults and their families.

The Committee has focussed its work on the priorities which were set out in the AAPC Strategic Plan and also those areas for improvement in practice and learning which have emerged from its extensive self-evaluation and continuous improvement work. Part of this has been the implementation of the Recommendations from the O18 Significant Case Review and this work remains ongoing.

Ongoing professional learning and development has also been a key priority in the Committee's work and an enhanced framework has been developed to ensure all those working in the field of Adult Support and Protection are provided with key opportunities to enhance their professional development.

The Committee will ensure that it continues to provide the necessary support and direction to all staff and volunteers working with vulnerable adults in the community, whilst continuing to robustly review ongoing practice to ensure that vulnerable adults continue to be provided with the best care and support to address their needs and enhance their quality of life.



Ewen West

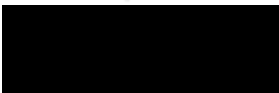
Independent Chairperson

Angus Adult Protection Committee

Chief Officer's response

We are very pleased to receive the Angus Adult Protection Committee AAPC Annual Report for 2020-21.

We note the significant increase in adult protection activity across Angus over the past year and are confident that the Adult Protection Committee will continue to ensure the protection of our most vulnerable adults is consistent, prioritised and fully included as we further develop our Protecting People identity. 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. The Adult Protection Committee members are motivated and committed to driving forward best practice at both a strategic and operational level and welcome the scrutiny and challenge that Mr West, the Independent Chair offers.



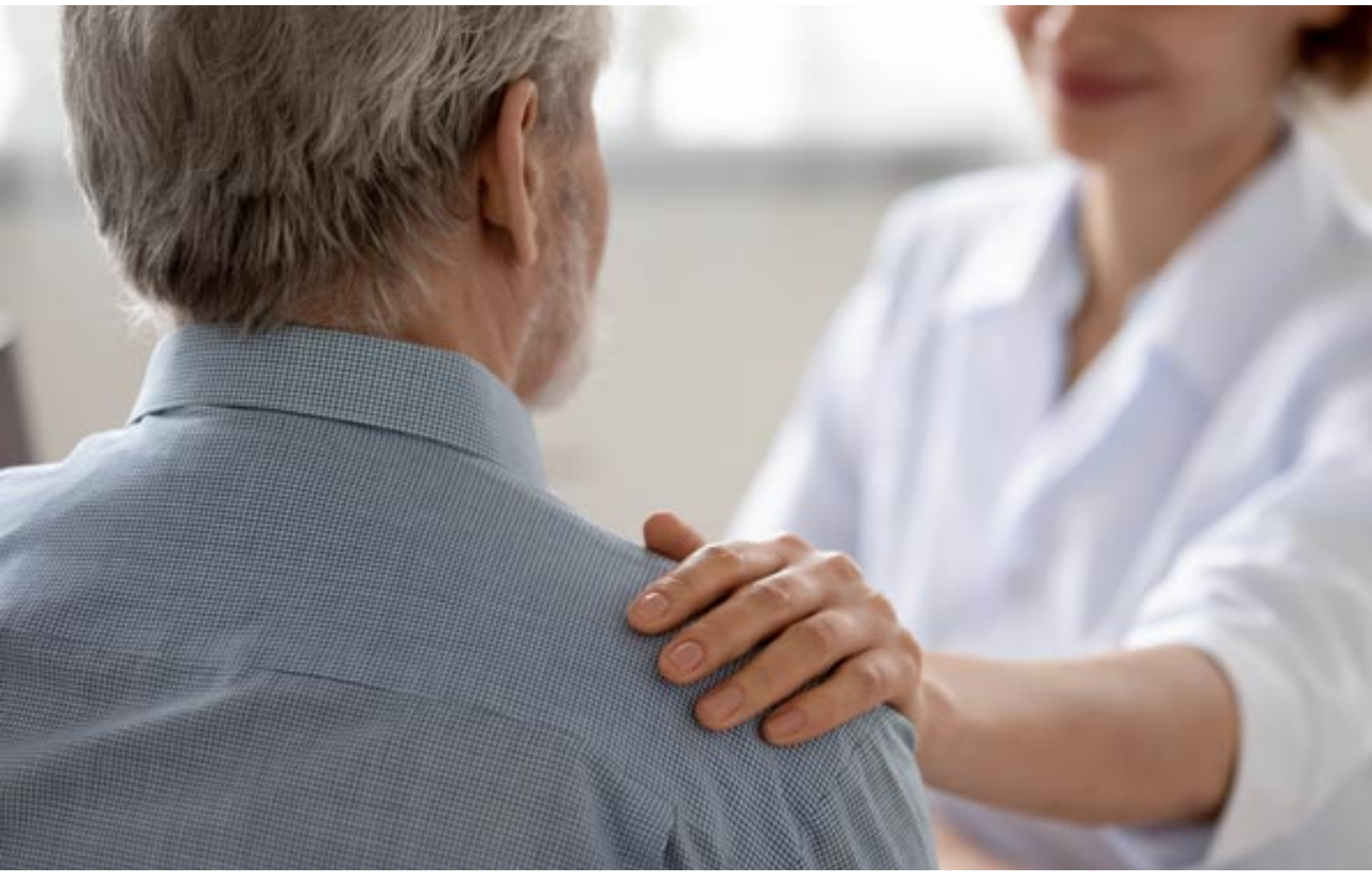
Margo Williamson
Chief Executive
Angus Council



Claire Pearce
Executive Director of Nursing
NHS Tayside
Tayside (D Division)



Phil Davison
Chief Superintendent
Divisional Commander





Introduction

The Adult Support and Protection Act (Scotland) 2007 aims to protect adults who are unable to safeguard their own interests and are at risk of harm because they are affected by disability, mental disorder, illness or physical or mental infirmity. The Act places duties on councils and other organisations to investigate and, where necessary, act to reduce the harm or risk of harm.

Section 46 of the Act requires the Convenors of Adult Protection Committees to produce a biennial report analysing, reviewing, and commenting on Adult Protection Committee functions and activities in the preceding two years.

In addition to the Biennial report, the AAPC also produces an Annual Report. This Annual Report for the period April 2020 to March 2021 describes and highlights progress towards the outcomes described in the Strategic Plan 2018-20 and the new Strategic Plan 2020 - 23. This Report includes a summary of the work of AAPC, the outcomes from this work, strengths and challenges of AAPC and priorities for the year.

Statutory Requirements

AAPC continue to meet the legislative statutory requirements as set out in the Adult Support and Protection Act(S) 2007. Within the timeframe of this Annual Report, there has been significant improvement actions identified and work undertaken in response to self-evaluation activity and Initial and Significant Case Reviews. The functions of the AAPC are addressed within the work of the Committee and the work of the subgroups. Multiagency membership of AAPC and all subgroups encourages and ensures cooperation.



1 Analysis of harm and statistical information

AAPC have recently established a Self-Evaluation and Continuous Improvement Subgroup, with the aim of this group overseeing all the self-evaluation work of the committee. The subgroup has developed a multi-agency minimum dataset with the aim of using this data to identify trends, priorities and activities.

Currently, the Angus Health and Social care Partnership collate and analyse data on behalf of the AAPC for the national statistical return and provide data for inclusion in the annual and biennial reports produced by committee. The data provided within this Annual Report is predominately single agency and although extremely valuable and informative, it is envisaged that a multi-agency dataset will provide a more comprehensive overview of both single and multi-agency partner activity in relation to the support and protection of adults at risk in Angus.

A detailed breakdown was provided to AAPC as to activity within the different teams across the partnership. This has allowed the HSCP to undertake focused activity to ensure appropriate identification and intervention for adults at risk across Angus.

Adult Protection Referrals

Over the last 4 years, adult protection referrals have consistently been around 400 per annum. However, during the period April 2020 to March 2021 there has been a significant increase in adult protection activity, with a 79% increase in the number of referrals from the previous year to 728. Referrals per month have increased consistently and have doubled between April 2016 and January 2021.

There has been a notable increase in referrals from family members and members of the public, friends/neighbours and in particular, carers. During the COVID period AAPC, along with the other Protecting People Angus Committees, had a social media campaign using the national images and sharing local contact details to report any concerns.

The number of referrals from Scottish Fire and Rescue has continued to rise significantly since 2018 onwards, from 0 in 2017/18 to 53 in 2020/21. Scottish Fire and Rescue Service involvement in Adult Support and Protection work and in the work of all the Protecting People Angus Committees has increased with a number of joint initiatives being undertaken.

Early Screening Group outcomes

Figure 1: ESG Decisions 2019/20

Total number of referrals	Number NFA1s, NFA2's, NFA3s and NFA4s	Number NFA2s	Number Letter to GP	Number referred to specific team
382	NFA1 – 60 NFA2 – 140 NFA3 – 75 NFA4 – 5	140	61	30
			Number Letter to Penumbra	Number Letter to victim support
			2	1
			Number referral to Penumbra	Number Fire Safety visit
			6	1

Figure 2: ESG Decisions 2020/21

Total number of referrals	Number NFA1s, NFA2's, NFA3s and NFA4s	Number NFA2s	Number Letter to GP	Number referred to specific team
477	NFA1 – 44 NFA2 – 215 NFA3 – 90 NFA4 – 7	215	69	49
			Number referral to Penumbra	
			2	

NFA 1= No Further Action

NFA 2 = No further action because the adult is now open to an AHSCP Community Care Team (possibly as a result of the police referral)

NFA 3 = no further action because the adult lives outside of Angus Council

NFA 4 = no further action because the adult lives out-with Angus

ESG is a multi-agency group that meets fortnightly to consider mainly police adult concerns reports but also referrals from Angus Council's Housing Department for individuals who are not already open cases with any community-based team and agree necessary action.

Agencies/services involved in the ESG are Community Mental Health Teams (over and under 65s), Police, Fire and Rescue, and the Angus Integrated Drug and Alcohol Recovery Service. It is chaired by the AHSCP Adult Protection and Review Officer. The number of referrals to ESG has continued to increase year on year since 2017/18.

A review of the Early Screening Group has been undertaken as part of the Findings and Recommendations from the AAPC SCR O18 and has identified a number of opportunities for improvement including; increasing the number of Chairs, moving from a two weekly to weekly rota and introducing a number of governance arrangements to provide assurance around communication and information sharing. A multiagency Short Life Working Group has been set up to progress the recommendations and an audit will be completed in late 2021 to evaluate the impact of the improvement work.

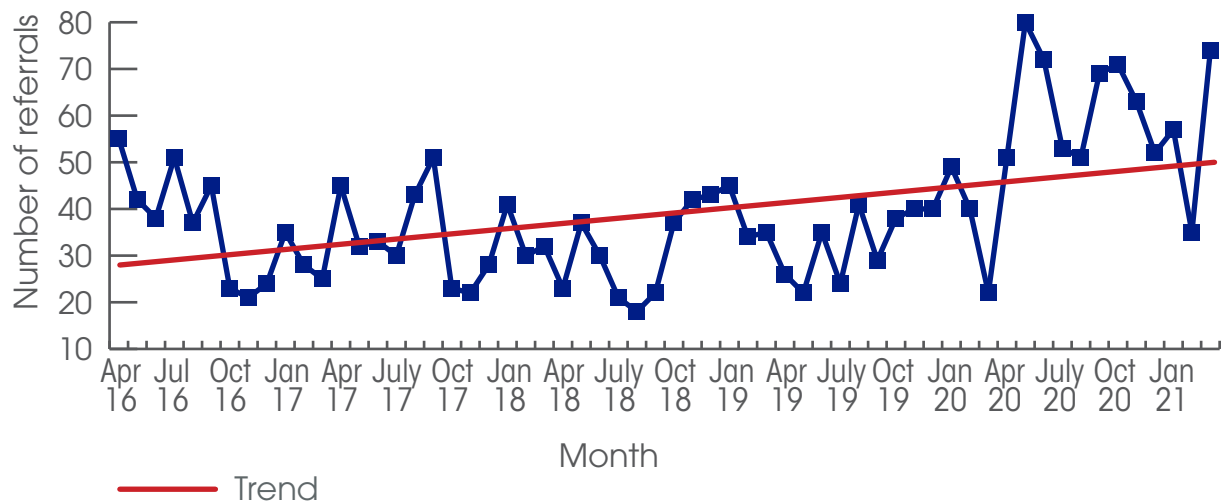
Figure 3: Number of Referrals by Source

Source of Referral	Apr 2017 Mar 2018	Apr 2018 Mar 2019	Apr 2019 Mar 2020	Apr 2020 Mar 2021
Police	340 (82%)	306 (79%)	315 (78%)	429 (59%)
Angus Health & Social Care Partnership	28 (6%)	19 (5%)	22 (5%)	53 (7%)
Family	4	4	8	11
Member of the Public	1	1	0	10
Carer	3	5	4	20
Voluntary Organisation	2	0	2	3
Other Care Home	8	10	6	29
Other*	5	4	6	58
Self	1	0	2	7
Health Acute	1	4	4	7
Health GP	3	2	1	3
Health Primary	8	4	5	16
Local Authority Care Home	1	5	2	2
Care at Home	0	0	0	0
Housing	2	1	1	6
Care Inspectorate	4	1	0	5
OPG	0	2	0	1
Fire and Rescue	0	17	26	53
Friend/Neighbour	0	0	2	15
MWC	0	0	0	0
Total	411	385	406	728

other* comprised 5 – Bank 10 – Anonymous 39 – Trading Standards
1 – Welfare Rights 1 – Microsoft 1 – Landlord 1 – Friend’s Carer

Figure 4: Referrals per month

Referrals per month Apr 2016 - Mar 2021



The number of referrals from the Fire and Rescue Service has continued to increase significantly since 2017-2018 and reflects the increasingly prominent role the service is playing within the AAPC.

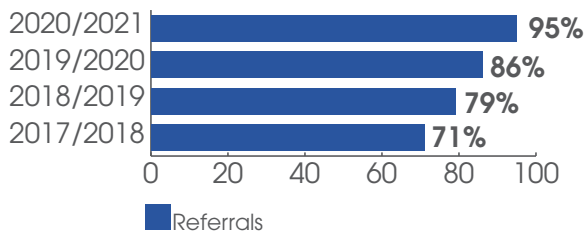
The continuing trend in increasing number of referrals from Health may be attributable to the appointment of a Lead Nurse for Adult Protection within NHS Tayside and the subsequent appointment of two Adult Protection Advisors and the improvement work that has been undertaken by that team across NHS Tayside in respect on adult protection work.

Interagency Referral Discussions (IRDs)

In keeping with the increase in referrals, investigations and case conferences, there has been a notable increase in the number of IRDs, particularly in Older People’s Services (19 in 2019/20 to 57 in 2020/21). This figure has risen consistently since 2016. This did not translate into as significant an increase in case conferences (20 to 32). This may be indicative of earlier intervention, in keeping with the principle of minimum intervention of Adult Protection Legislation. This will continue to be monitored through self-evaluation activity to ensure appropriate intervention is taken to protect vulnerable adults. There has been work undertaken by AAPC in recent years and more recently across Tayside to ensure consistency in approach to and undertaking IRDs and a multi-agency audit of IRDs is to be undertaken across Tayside towards the end of 2021. This suggests that the ongoing improvement work in promoting the use of IRDs has been successful.

Figure 3: Referrals leading to Inquiry

% of Referrals Leading to an inquiry

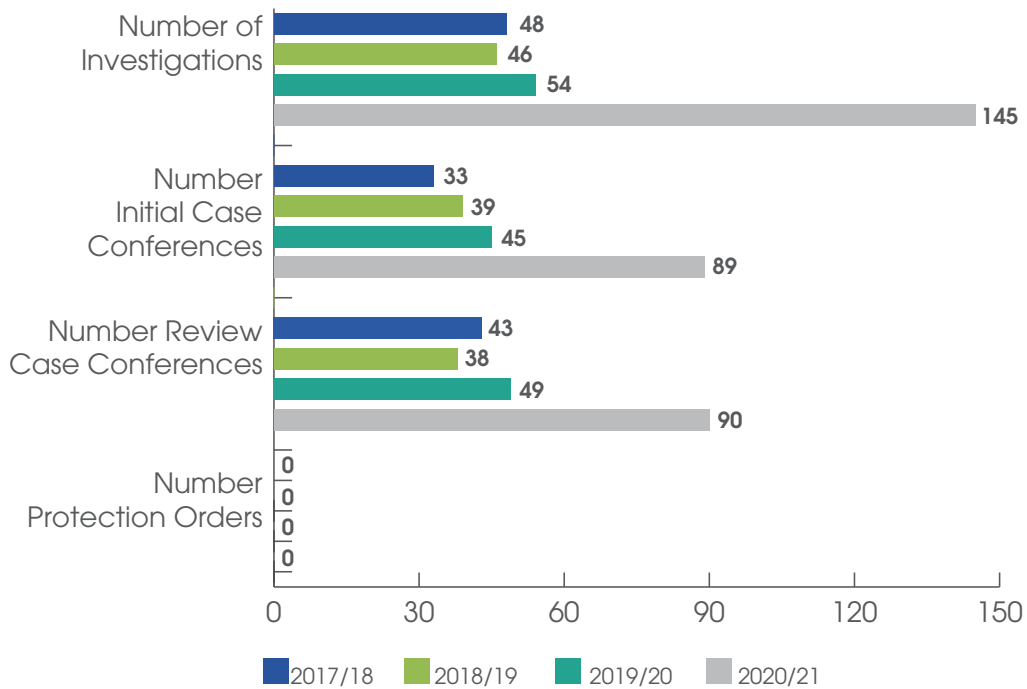


The percentage of referrals leading to an Adult Protection Inquiry has fallen consistently since 2016/17. It is unclear the reason for this and this decline will continue to be monitored via the AAPC Self Evaluation and Continuous Improvement Sub Committee. It may be that a number of referrals were in relation to incidents already known to the professionals involved and action already taken, hence no need for further action.

Orders and investigations

Figure 4: Investigations, Case Conferences and Protection Orders

Investigations Case Conferences and Protection Orders 2017 - 2021



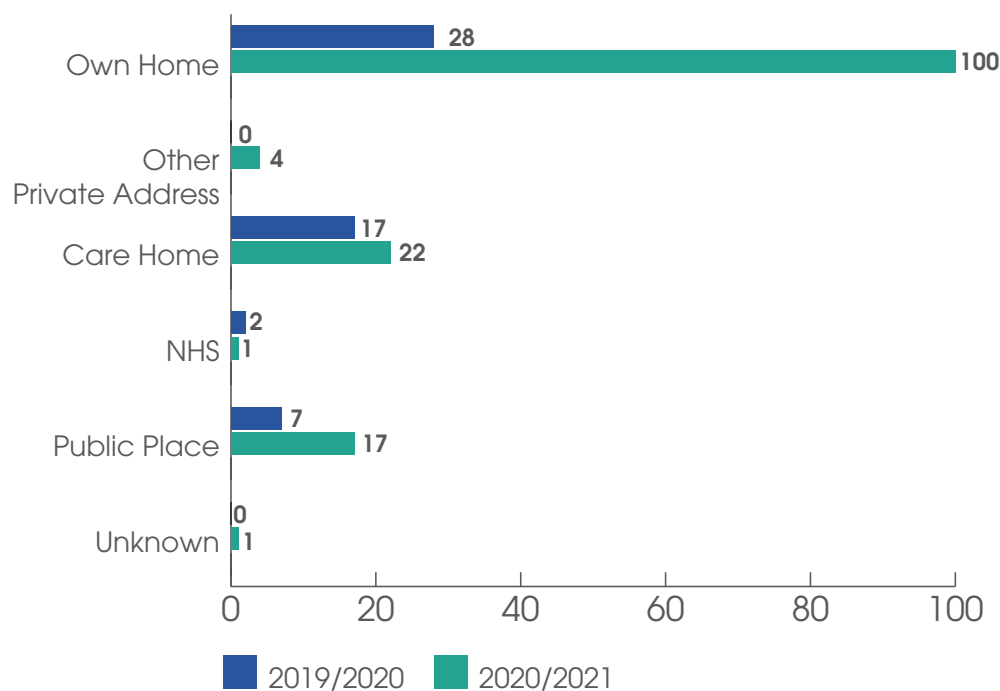
There has been a significant increase in the number of Investigations; an increase of 169% from the previous year; and Case Conferences an increase of 90% from the previous year. The majority of Adult Protection Investigations are for incidents that take place within the home (almost 70%).

From the 517 Inquiries undertaken, 145 of these proceeded to Investigation. This equates to 28% of all Inquiries. This is a higher conversion rate than that of 16% in 2019/20 and 13.9% in 2018/19.

This year saw the first Adult Protection Order being taken since 2015.

Figure 5: Number of Investigations by Location of Harm

Number of Investigations by Location of Harm



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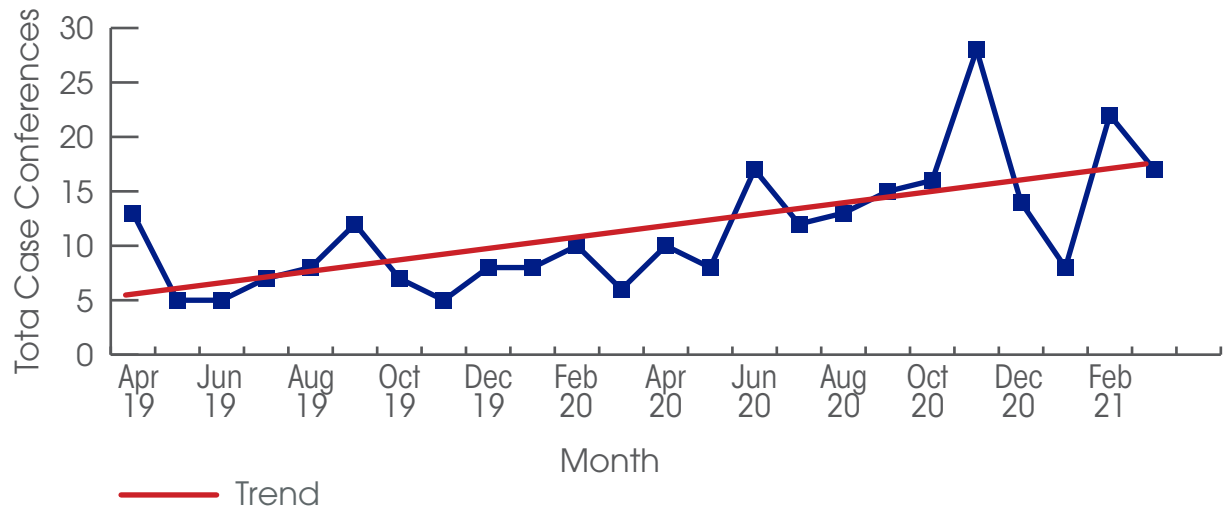
Case Conferences and Adults at Risk in Angus

The number of Initial Case Conferences has continued in an upward trend over the last 5 years, with 114 taking place in 2020/21 compared to 46 in 2019/20 and 30 in 2016/17. There was a significant spike in initial case conferences in June-July 2020. This may be related to the end of the lockdown period.

145 Investigations took place, resulting in 89 initial adult protection case conferences with a conversion rate of 61%. This is decrease from 83% in 2019/20 and 85% in 2018/19. This is an area the warrants further investigation and this will be considered by the Self Evaluation and Continuous Improvement subgroup in the first half of 2022.

Figure 6: Total number of Case Conferences

Referrals per month April 2016 - Mar 2021



There has been some change in how some teams within the Angus Health and Social Care Partnership function which has likely to have had a significant impact on the amount of adult protection activity undertaken with these teams. In particular, the Community Mental Health Teams (under 65s) where the number of investigations and case conferences have increased by 380% (from 5 to 24) and 529% (from 7 to 44) respectively. These are small numbers and need to be considered within this context, however the increase is notable. There has also been an increase in adult protection activity across the HSCP as a whole.

Invitations / Attendance at Case Conferences

Based on:

94 Case conferences between 1/4/19 and 31/3/20

179 Case conferences between 1/4/20 and 31/3/21

Figure 7 Invitations/Attendance at Case Conferences

Invited		
	Apr 2019 – Mar 2020	Apr 2020 – Mar 2021
Service User	70 (74%)	146 (82%)
Relative/Carer/Friend	39 (41%)	75 (42%)
Independent Advocate	22 (23%)	79 (44%)
Police	77 (82%)	161 (90%)
Consultant Psychiatrist	30 (32%)	56 (31%)
Law and Admin	20 (21%)	40 (22%)
GP	82 (87%)	167 (93%)

Attended		
	Apr 2019 – Mar 2020	Apr 2020 – Mar 2021
Service User	38 (40%) *(54%)	60 (34%) *(41%)
Relative/Carer/Friend	34 (36%) *(87%)	67 (37%) *(89%)
Independent Advocate	18 (19%) *(82%)	69 (39%) *(87%)
Police	65 (69%) *(84%)	147 (82%) *(91%)
Consultant Psychiatrist	8 (9%) *(27%)	21 (12%) *(38%)
Law and Admin	3 (3%) *(15%)	40 (22%)
GP	3 (3%) *(4%)	11 (6%) *(7%)

* The percentage of case conferences attended to which invitations were extended

The Adult Support and Protection (Scotland) Act 2007 states (Part 1, Section 2 (b-d) the requirement to have regard to the wishes of the adult and family and the importance of the adult participating as fully as possible. It also in Part 1, Section 5 (1) to (3), requires the co-operation of "Public Bodies" with Adult Protection inquiries.

The number of adults invited to attend their case conference has increased slightly from 74% in 2019/20 to 82% in 2020/21, however only 41% of those invited in 2020/21 attended as opposed to 54% in 2019/20. The impact of COVID and having case conferences virtually may have impacted on this.

The number of Independent Advocates invited to attend case conferences has almost doubled from 23% in 2019/20 to 44% in 2020/21.

The attendance of Law and Admin from 15% in 2019/20 to 70% on 2020/21 is notable. This may be related to the increase in adult protection activity and increasingly more complex cases that require legal input.

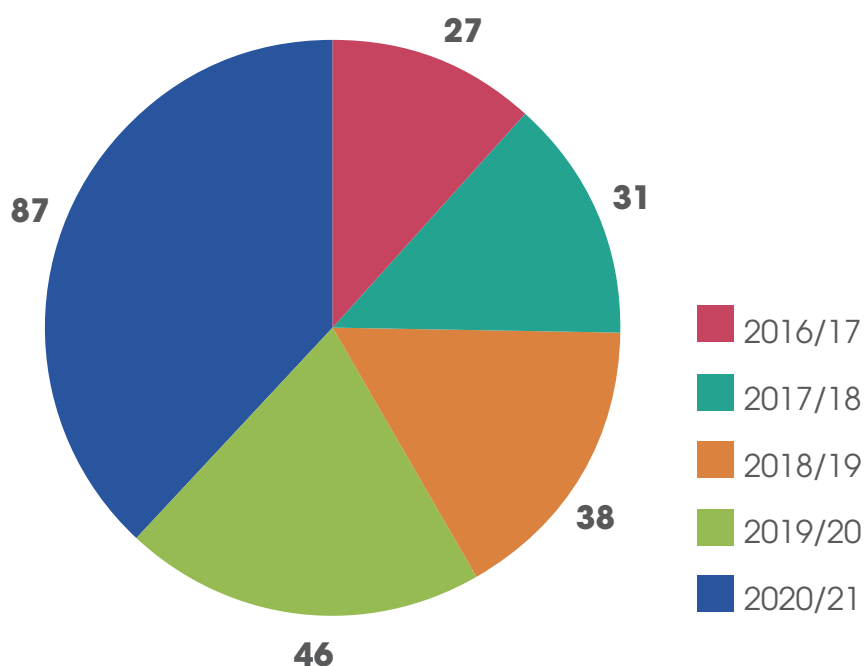
NHS attendance at case conferences has increased due to the newly appointed Adult Protection Advisors within NHS Tayside. There is also a dedicated Police Scotland representative who attends. This has impacted positively on information sharing and multi-agency working.

Angus has sought to obtain the views of adults at risk at the end of adult protection procedures as to whether they feel any safer. This figure is generally high, with 95% of adults and 92% of case conferences attendees noting the adult to be safer as a result of adult protection procedures. This was based on 35 responses in 2021/21 compared to 26 responses in 2019/20.

Profile of adults at risk in Angus

Figure 8: Number of adults at risk in Angus

Number of Adults at Risk 2016 - 2017

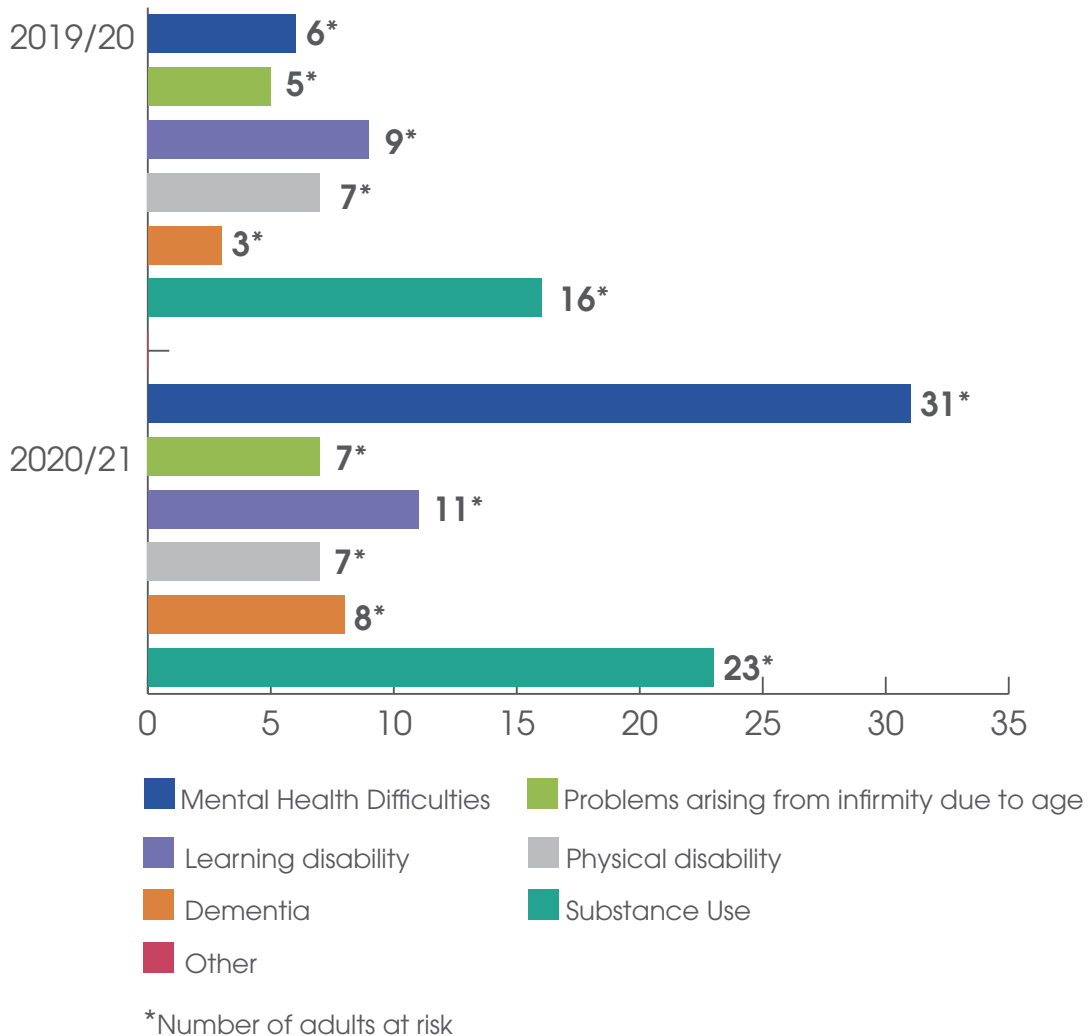


Gender

The gender split between males and females has varied over recent years, with no discernible difference.

Figure 9: Main Client Group

Adults at Risk by Main Client Group



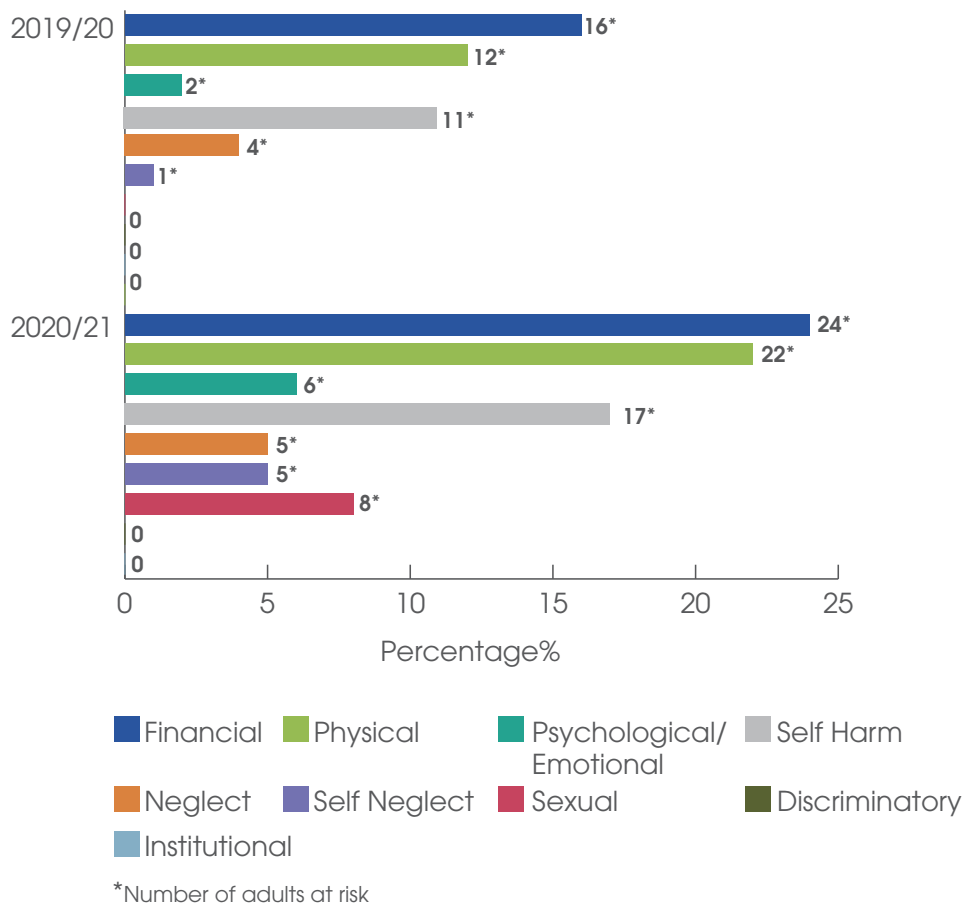
All client groups are represented in adult protection work however, there has been a year on year increase in those with mental health difficulties with a significant increase in 2020/21 to 31 from 6 in 2019/20. The number of adults at risk who are affected by substance use has also increased over the past 3 years.

Type of Harm

Financial and physical harm have both varied to have consistently been the principal type of harm for adults involved in adult protection processes; with financial harm accounting for the highest principal type of harm in 2020/21 and in 2019/20.

Figure 10: Principal type of harm

Types Of Harm Reported By Adults At Risk



Statistics from the Financial Abuse Support Team (FAST) show a reduction in the number of FAST meetings held in 2020/21 compared to the previous year. The source of harm in 2020/21 was primarily mail scams (including emails), the same as 2019/20. Of the 92 FAST referrals/meetings, 2 (2.17%) of these resulted in an adult protection referral which is an increase from 0.7% in 2019/20.

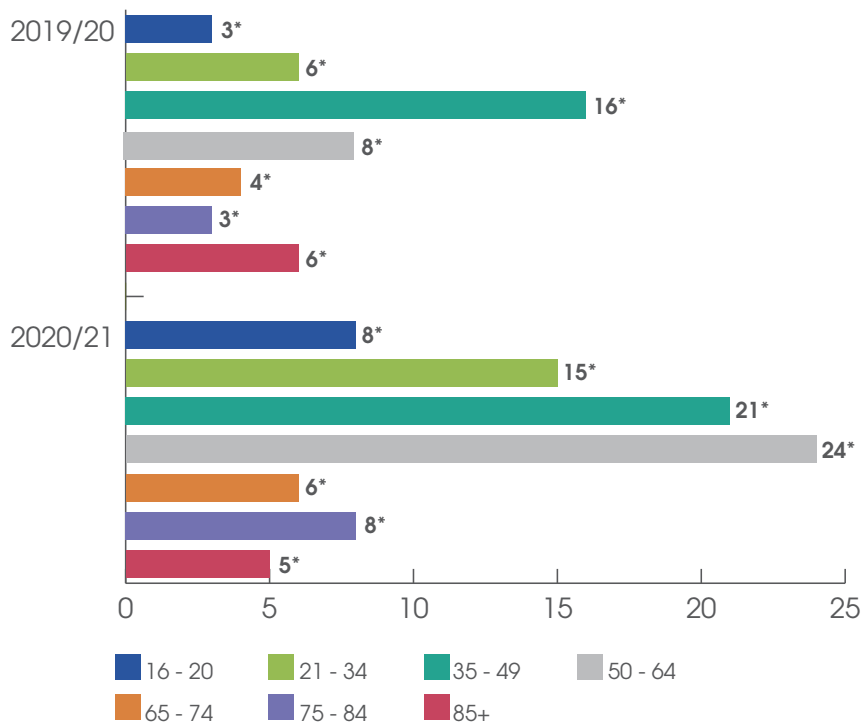
The Angus FAST is thought to be unique in Scotland and previous work on evaluation of its effectiveness demonstrated significant financial benefit brought by the FAST to hundreds of Angus residents as well as the consequent financial benefit to the local community.

An evaluation of the FAST was due to be completed in 2020, however this has been delayed due to COVID and the impact of the increase in adult protection activity on the capacity to meet demand. The completion of the evaluation will be a priority for 2021.

Age

Figure 11: Age of adults at risk

Age of Adults At Risk 2019 - 2021



There has been an increase in the number of adults in the 50-64 age bracket in 2020/21 from the previous year. There has been an increase of adults at risk in the 35-49 and the 50-64 age brackets of the last 5 years. This is a small sample size, and any increase may not be significant, however this has been a trend over the last 5 years and may be related to the increase in individuals affected by substance use and mental health being involved in adult protection processes.

2 Activity and service improvements

Strategic Goals of Angus Adult Protection Committee

- Adults at risk within Angus will be protected from harm in a timely and proportionate manner.
- We will have a confident, competent and supported workforce; skilled and equipped to identify, support and protect adults from harm.
- Angus citizens are able to identify adults at risk of harm and are confident and competent in using the available mechanisms to report concerns.
- We will work in collaboration with other Committees, Partnerships and Services to improve practice in relation to adult protection.

The AAPC Strategic Plan for 2020-2023 has been developed in line with the National Adult Protection Improvement Programme thematic headings and addresses priority areas for AAPC which have been identified through ongoing self-evaluation and continuous improvement work and progress from the previous Strategic plan.

2.1 Self-Evaluation

AAPC continues to be committed to ongoing self-evaluation in adult protection cases to ensure robust self-assessment, and that learning and best practice in relation to adult protection work is identified and implemented.

There has been a focus on self-evaluation and improvement over the last year for AAPC and this continues to be a priority within the new Strategic Plan, with an Integrated Improvement Plan being developed. This is thematic plan where all improvement areas identified from self-evaluation activity are collated. This includes recommendations from ICRs and SCRs, the AHSCP adult protection large scale audit and whistleblowing report of 2020, the independent review of the AHSCP Community Mental Health team for under 65s and the AAPC Strategic Plan.

AAPC have recently established a Self-Evaluation and Continuous Improvement Subgroup. This is in addition to the ongoing programme of self-evaluation. The current programme of self-evaluation includes Practice Audits, Network of Support events and Initial and Significant Case Reviews when required. This subgroup will also oversee preparation work for the forthcoming Adult Protection inspection and the implementation and analysis of the AAPC dataset.

COVID has had an impact on the opportunity to undertake Network of Support events, however these are planned for later in 2021 and Practice Audits likely to place annually in February from 2022. Practice Audits were not undertaken in 2020 due to the large-scale adult protection audit undertaken by AHSCP.

Initial and Significant Case Reviews

As noted in the 2018-20 AAPC Biennial Report, since 2018, there has been an increasing number of Initial Case Review (ICR) referrals to the Committee.

SCR 018 was published in August 2020, along with an SCR (Isabelle) by Angus Child Protection Committee. Following this and the internal large-scale audit within the Angus Health and Social Care Partnership, an overarching Adult

Protection Improvement Plan was developed, to pull together all actions emerging from self-evaluation and improvement work. A Learning Pack was also developed from these SCRs, with a view to this being used by teams across Angus to consider learning from their individual, team and agency perspective. The pack includes instructions on how to use the pack, a seven-minute briefing and a spheres of influence exercise to consider the changes individuals and teams can make. The pack has since been noted within the Care Inspectorate Triennial Review of Initial Case Reviews and Significant Case Reviews (2018-2021): Impact on Practice as an example of good practice.

The Significant Case Review noted in the Biennial report from 2019 is due to be published in the second half of 2021, with the AAPC Mandated Subgroup considering how best to take forward the recommendations and learning from this.

The ICR referral in 2019 was initially referred to the Mental Welfare Commission, however no action was taken. The Mandated Subgroup considering this ICR subsequently assessed that the case would benefit from further consideration of the issues that were not being addressed via other SCR activity or improvement work, with a Case Review to be undertaken to achieve this. This has been completed, with a final report due to be presented to AAPC in June 2021.

There were two ICR referrals in 2020. In considering the first referral, the AAPC Mandated Subgroup were of the view that the case met the criteria for an SCR, however noted similar issues were being addressed via other SCRs and as such agreed that the remaining issues be consider under the local Case Review process. Work has progressed with this Case Review and completion is due by December 2021.

The other ICR referral did not progress as the case did not meet the criteria.

Risk Register

A Protecting People Angus Risk Register has been developed where any adult protection risks are recorded, and appropriate mitigation noted. Any risks that cannot be mitigated against by the AAPC are escalated to the Angus Chief Officers Group.

2.2 Angus Adult Protection Committee Subgroups

Self-Evaluation and continuous Improvement Subgroup (SECI)

The SECI subgroup was established in June 2020, following recognition that a subgroup with a focus on self-evaluation would aid action and improvement work for the AAPC and allow the Policy and Practice Subgroup to focus on practice development. Terms of Reference for the subgroup was approved by AAPC in March 2021 and an action plan developed. The initial focus of the group has been on developing a dataset for the committee, overseeing the Adult Protection Improvement Plan and undertaking preparatory work for the national Adult Protection Inspections. This group will also consider how to best evaluate outcomes for adults subject to adult support and protection processes.

AAPC also benefit from some analyst time to aid with the development and analysis of the dataset. It is planned to have the first dataset presented to AAPC in the latter half of 2021.

Policy and Practice Subgroup

As part of a review of the four AAPC subgroups, the Terms of Reference and membership of the Policy and Practice Subgroup were reviewed to ensure alignment and clarity of role and purpose.

Over the past 12 months, the focus of the subgroup has been on developing a workplan for the group to progress key actions attributed to the subgroup from the AAPC Strategic Plan. This has seen improvement work around the role and function of the Early Screening Group (ESG) and sharing opportunities for learning from SCRs.

The group has also focused on developing and maintaining a policy framework of all multiagency policies, protocols and guidance, raising awareness of these and identifying new resources to support the multiagency workforce. This included the development and approval of a Resolution and Escalation Policy in November 2020 which was adopted across Tayside.

Financial Harm Sub Committee (FHSC)

The Financial Harm Sub Committee continues to focus on the following key areas of business:

- prolonged campaign to publicise and raise awareness regarding different types of frauds and scams,
- supporting victims and those deemed at risk of financial harm,
- empowering Angus people to protect themselves from financial harm
- a partnership approach to providing interventions to reduce the opportunities of victims and or repeat victims of financial harm.

The COVID pandemic provided a number of challenges and continues to have a major impact by limiting the number and type of events to promote, publicise and raise awareness surrounding frauds and scams. As such, there has been a reliance on mainstream and social media including word of mouth via our respective partners. The major disadvantage being the inability to hold face to face community engagement events due to public health and safety and opportunities to discuss these issues with many members of our community who do not or cannot be involved for many reasons in the modern digital era.

There have been a number of campaigns, such as Police Scotland's "Shut Out Scammers", aimed at doorstep crime, "Take 5" and "Scam Awareness Month" led by Citizens Advice Scotland and supported by Trading Standards Scotland however mainly through online or social media with occasional radio advertising.

Our dedicated twitter account @scamfreeangus has seen an increase in followers in the last year.

Reported incidents of fraud have increased as many more members of our community were at home during the pandemic; in particular during the lockdown periods providing many more potential targets via telephone or digital or electronic means. There is a diverse and broad nature of the types of fraud being disclosed to the enforcement agencies. 'Suspicious Transaction' incidents 'Social Engineering Fraud' 'Coercion/Exploitation', 'Rogue Trader Fraud' and 'Romance Fraud' are the most common.

The Banking Protocol has proven to be an effective initiative in tackling fraud and scams during the 2020/21 financial year, although the limiting effect of the pandemic has reduced the number of incidents being reported due to less public visits to financial institutions.

The Financial Abuse Support Team (FAST), continues to receive referrals within Angus. The FAST process continues to prove itself as a consistent multi agency approach. The cases range from individual financial harm perpetrated at a local level, to multi-FASTs looking at lists of victims identified by the National Trading Standards Scams Team who intercept lists of bulk scam mail victims.

2.3 Self-Neglect and Hoarding

A session around self-neglect and hoarding was undertaken in February 2020 in partnership with Scottish Fire and Rescue Service, following which the Tayside Practitioner's Guide: Self Neglect and Hoarding Protocol and Toolkit was developed and approved by AAPC in November 2020. Further sessions were planned, however were impacted by the COVID pandemic. Scottish Fire and Rescue Service (having staff trained as Hoarding Champions by Lifepod) in conjunction with Protecting People Team are developing and will deliver digital learning sessions which will sit alongside a short Protecting People Angus (PPA) film on "Self-Neglect and Hoarding" serving to reinforce the Tayside Practitioners Guidance.

2.4 Angus Health and Social Care Partnership (AHSCP)

AHSCP undertook a single agency large scale audit in adult protection across all adult services between August and November 2020. The audit was a recommendation following practice issues highlighted through Initial and Significant Case Reviews. This involved 96 cases across all services, (Learning Disability, Physical Disability, Angus Integrated Drug and Alcohol Recover Service, Older People's services and Community Mental Health), three Large Scale Investigations in care homes and within a secure mental health ward.

The findings identified areas of good practice and areas for further improvement which are now being progressed as part of the AAPC integrated Adult Support and Protection Improvement Action Plan.

2.5 NHS Tayside

Tayside NHS Board holds a range of responsibilities under a broad suite of protective legislation (Adult Support and Protection/Mental Health Act/Adults with Incapacity Act/Wilful Neglect and Ill Treatment). To progress the development of a sustainable infrastructure for Adult Protection, the Adult Protection Team now consists of:

- 1 WTE Interim Strategic Lead, Adult Protection
- 3 WTE Adult Protection Advisors
- 1 WTE MAPPA Health Liaison Officer
- 1 WTE Violence Against Women Advisor
- 0.8 WTE Care Home Advisor (AP)
- 1.2 WTE Band 4 Business Support Assistants

The development of this new service is well placed to meet the increasing demands as well as comply with all local and national arrangements and partnership working. The development of this team will ensure that NHS Tayside is able to support the most vulnerable and at-risk adults within our communities and meet the growing demands on the NHS Tayside AP team.

2.6 Training, learning and development

Protecting people Angus Workforce Learning and Development Subgroup

As a result of the COVID pandemic, the work of the Protecting People Angus workforce learning and development subgroup (PPA WLD sub) was paused from March to July 2020. The subgroup began to meet again around mid-2020 with the focus initially being on establishing where we were and what the priorities now were as this had clearly changed from before the pandemic.

The ethos of the PPA WLD sub is to utilise nationally or regionally available resources which meet the local need wherever possible. This approach ensures effective use of resources already created, but also allows us to focus locally available resource on providing specialist and bespoke learning that is tailored to the workforce.

To support this approach during 20/21 we have created a learning and development framework which signposts the workforce to a wide range of quality assured learning resources across the full range of protecting people topics. The framework is updated every 2-months to ensure it always reflects the latest relevant learning. Anecdotal feedback indicates that this has been well received by the workforce. A more formal evaluation will be carried out during 22/23.

An adult protection awareness survey was carried out in November 2020, in response to recommendations from a Significant Case Review (SCR) and it showed learning evaluates well immediately after the event but that in some areas the learning didn't appear to be embedding into practice. In response to this the subgroup has set up a small working group to look at longitudinal evaluation and impact of learning.

A learning pack was developed following the publication of two SCRs within Angus (One Child Protection and One Adult Protection). This learning pack was designed using the 7-minute briefing model and was made available both as a direct delivery session and for team managers and practitioners across multiagency services to deliver directly to their teams. Work to promote this resource continues as it provides a rich source of learning.

Throughout the year, we recommenced delivery of a range of training sessions with the content and format being adapted to allow the learning to be effectively delivered on a virtual platform (Microsoft Teams). These sessions included:

- Coercive Control
- Working with perpetrators
- Roles and Responsibilities within Adult Protection
- Information Sharing within Adult Protection
- Defensible Decision Making

To enhance accessibility, where appropriate, the delivery of some learning was moved from face-to-face to e-learning with support from other Tayside committees. This included:

- Adult Support & Protection - Basic Awareness
- Providing Remote Support & Supervision

Work began on the development of learning around self-neglect and hoarding, adults with incapacity and crossing the acts – all of which emerged as learning needs through feedback from the workforce and case analysis. These are anticipated to be rolled-out during 2021/22.

2.7 Engagement, involvement and communication

Membership of AAPC and its subgroups includes Angus Independent Advocacy (AIA) and Angus Carers Centre. AAPC is aware that this is not representative of the whole third sector and will propose the addition of a third sector representative to ensure the engagement and contribution of the whole third sector in Angus.

During the COVID period, AAPC have consistently shared social media messages aimed at members of the public, increasing awareness of adult protection and how to report a concern. During this time, adult protection concerns from members of the public, carers and anonymous referrals have increased. It is difficult to ascertain if there is a direct correlation, however this increase is worth noting.

All the Protecting People Angus committees and partnerships have approved the development of a Protecting People Communications Subgroup. This will be the second Protecting People Angus subgroup and will focus on a shared communication and engagement plan, both with professionals and the general public.

Advocacy

Service User Involvement and Participation

In 2019, AAPC agreed proposals to develop a pilot Participation Group of service users, carers and key partners, awareness raising session around advocacy and the development of feedback methods to elicit the views of those involved in adult protection processes. A Service User Involvement group was established, led by Angus Independent Advocacy. Membership of the group comprised of professionals who work with those with lived experience. The COVID pandemic has had an impact on the progression of the work of the group.

During the COVID pandemic, adult protection case conferences were held initially via teleconference then Microsoft Teams. This enabled some involvement of the adult in question however, did limit engagement of those who did not have access or those who had any kind of communication difficulty.

This continues to be a priority for AAPC and will progress in 2021/22. A draft Service User and Participation Strategy is currently being developed, with this to be presented to APPC in June 2021.

2.8 Adult Protection Day

In 2021, the AAPC decided to host multi-agency information sessions in the week leading up to Adult Protection Day and also to have an increased social media presence. Social media communication included photographs of staff who work across various roles protecting adults in Angus and also information as to how to report concerns in local communities.

The information sessions were digital due to COVID and included; An introduction to working with perpetrators in Angus, The role of the ADAIRS team in Adult Protection Cases, Presentation on Angus Significant Case Review (SCR) O18 and a Q&A with the Chair and Vice Chair of the Angus Adult Protection Committee.

Due to the success of this, the AAPC is in support of having a week of awareness raising in February each year in the lead up to Adult Protection Day.

2.9 Scottish Ambulance Service

Work was undertaken across Protecting People Angus with the Scottish Ambulance Service (SAS) to undertake a test of change using a referral form for individuals at risk, with clear pathways for referrals. This also included bespoke protecting people awareness raising sessions for local SAS staff, which is planned to take place later in 2021. SAS now have a national referral form and referral pathway which has superseded this test of change; however, the process has allowed for increased awareness and multi-agency working with local staff.

3 Challenges and areas for improvement

Learning and Development

The COVID pandemic has had a significant impact on the delivery of learning and development opportunities. Having to amend courses for digital delivery has taken considerable time, resulting in a delay in opportunities being available. This coupled with the increase in ASP cases and activity and the demand for additional learning, in particular Council Officer training, has impacted on capacity across the teams. The Angus and Dundee Council Officer training course has been considered by the National Adult Protection Coordinator and suggested as an example of good practice. The sharing of resources and materials nationally is helpful and can aid in developing consistency of practice across Scotland.

Service User Involvement and Participation

The involvement of those subject to Adult Support and Protection measures is challenging, in ensuring this is genuine involvement and that their views are properly heard and considered. As noted above, work is ongoing to progress this area of work.

4 COVID-19

During the initial COVID period, AAPC held weekly meetings of a core group of members to assess risk and plan for recovery. A COVID Risk Register was developed at this time to manage any risks and escalate to Chief Officers if necessary.

As noted above, COVID has had an impact on adult support and protection activity by way of an increase in work across this area. Services and the workforce in Angus have managed this additional pressure well, with limited impact on service delivery.

Case Conferences were held virtually during periods of lockdown, initially by teleconference and subsequently by Microsoft teams. This allowed conferences to continue to take place and ensure adults at risk in Angus were adequately protected via multi agency plans. This also enabled easier access for some adults at risk, however, was also a barrier to access for others who may not have had internet access or had difficulty in using the phone.

5 Conclusions and next steps

As noted above, AAPC have identified priorities within the Strategic Plan 2020-2023.

Service User Involvement and Participation

As noted above, Service User Involvement and Participation is a priority for the forthcoming year. The Strategy will be presented at AAPC with a view to taking forward the actions and reporting regularly to APPC on progress.

Self-Evaluation and Continuous Improvement

The Self Evaluation and Continuous Improvement Subgroup will continue to progress the AAPC dataset to provide analysis of activity and identify priorities. This will be reported to each AAPC meeting via the Subgroup update.

Additional self-evaluation activity by means of Network of Support events, practice reviews and case reviews will also continue to be a focus.

Transitions

This continues to be an area of focus for both children and adult services. Angus Health and Social Care Partnership have noted an increasing number of young people with complex needs where there are some challenges in ensuring appropriate services in place. This is also an area identified within the O18 SCR. The Transitions Group continue to take forward this priority area.

The new Strategic Plan for AAPC for 2020-2023 continues to be based on the overarching strategic goals. The plan has identified areas for future development as well as monitoring and oversight of ongoing work. This plan will also be regularly updated to include any new national or local priorities that are identified and will also be updated to include actions related to the recent and future Adult Protection Inspection. The new plan remains flexible to take into account any ongoing or future impact from the COVID pandemic.

Work will continue to progress to increase public awareness in Angus of adult protection issues, in line with the priorities of Protecting People Angus and to further integrate the work of the AAPC into the wider Public Protection Partnerships by sharing priorities, maximising opportunity for joint working and minimising duplication.

Appendix 1

Angus Adult Protection Committee Strategic Plan 2020 – 2023

Our Vision

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

Introduction

Under section 42 of the Adult Support and Protection (Scotland) Act 2007 each council must establish an Adult Protection Committee (APC). The membership of APCs is multi-agency. Angus APC includes representatives of NHS Tayside, Police Scotland, Angus Health and Social Care Partnership, Angus Council and other organisations who have a role to play in adult protection.

There are functions set out in legislation that APC’s must undertake in order to fulfil their statutory duties. These are:

- reviewing adult protection practices.
- improving co-operation.
- improving skills and knowledge.
- providing information and advice
- promoting good communication.

This Strategic Plan has been developed in line with the National Adult Protection Improvement Programme thematic headings and addresses priority areas for Angus Adult Protection Committee which have been identified through ongoing self-evaluation and continuous improvement work and progress from the previous Strategic Plan.

Angus Adult Protection Committee

Strategic Goals

Strategic Goal 1:

Adults at risk within Angus will be protected from harm in a timely and proportionate manner

Strategic Goal 2:

We will have a confident, competent and supported workforce; skilled and equipped to identify, support and protect adults from harm

Strategic Goal 3:

Angus citizens are able to identify adults at risk of harm and are confident and competent in using the available mechanisms to report concerns

Strategic Goal 4:

We will work in collaboration with other Committees, Partnerships and Services to improve practice in relation to adult protection

Angus Adult Protection Committee Strategy

- Adults at risk within Angus will be protected from harm in a timely and proportionate
- We will have a confident, competent and supported workforce; skilled and equipped to identify, support and protect adults from harm.
- Angus citizens are able to identify adults at risk of harm and are confident and competent in using the available mechanisms to report concerns.
- We will work in collaboration with other Committees, Partnerships and Services to improve practice in relation to adult protection.

The aims of Angus Adult Protection Committee

- 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

The objectives of Angus Adult Protection Committee

- 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

Key themes	Priorities
Assurance	National Inspection Programme Self-Evaluation framework embedded within APC
Governance	Angus Adult Protection Committee Clinical and Care Governance Framework Angus Chief Officers Group Integrated Joint Board Angus Protecting People Chairs and Lead Officers Group Care Inspectorate
Data and information	National outcome dataset Local dataset Biennial/Annual Report
Policy and Guidance	National Policy and Guidance Tayside Policy and Guidance Angus Adult Protection Committee Guidance Cross cutting legislative & policy work
Practice Improvement	ICR/SCR Case Review Networks of Support Case Practice Audit Single agency Reviews
Prevention	Public Awareness Campaign Staff awareness information Volunteers Protecting People Harm Prevention

1 Assurance

	Action	Indicator	Timescales	Person/Group Responsible	Update
1.1	Self-Evaluation and Continuous Improvement Sub Committee (SECI) to have an Improvement Framework in place.	Practice Reviews and Network of Support events undertaken annually	Annually	Policy and Practice Sub Committee (PSC)	
		Short Life Working Group to prepare and oversee inspection	Oct 2020	SECI	
		Improvement programme is developed and implemented based on the findings of the National Inspection Programme	to be confirmed after inspection	SECI	
		Oversight and scrutiny of Angus Adult Protection Committee Dataset and any other relevant performance data	6 monthly	SECI	

2 Governance

	Action	Indicator	Timescales	Person/Group Responsible	Update
2.1	Provision of key data and information will be provided to COG	Risk Register is updated regularly and presented to COG	Monthly	Chair and Lead Officer	
		Self-evaluation and performance data is used to identify risks and trends and reported to APC and COG	Quarterly	SECI Sub Committee	
		COG to be made aware of the findings, recommendations and actions from Initial and Significant	Case Reviews	As required	Independent Chair
2.2	APC Induction process in place and adopted by all members APC	Members are aware of and actively endorse their role as APC member	On appointment of new members Annual Reminder to all members	Lead Officer	
2.3	Provision of relevant information to the Care Inspectorate	Care Inspectorate attending AAPC meetings	Quarterly	Care Inspectorate	
		Care Inspectorate to be provided with Initial and Significant Case Review Reports	As required	Independent Chair and Lead Officer	

2 Governance

	Action	Indicator	Timescales	Person/Group Responsible	Update
2.4	Provision of key Adult Protection information to Scottish Government	Submission of Annual and Biennial Reports to Scottish Governance	Annually	Independent Chair and Lead Officer	
		Performance data submitted to Scottish Government	Annually	AHSCP	
2.5	Provision of key Adult Protection information to the Integrated Joint Board	Self-evaluation and performance data is used to identify risks and trends and reported to IJB	Annually	Independent Chair	
		Presentation of Annual and Biennial Reports to IJB	Annually	Independent Chair	
2.6	AAPC Sub Committees provide relevant information and updates to Committee	Sub Committees to develop Action Plans to progress AAPC priorities and provide quarterly reporting to Committee	Quarterly	All Sub Committees	

3 Data

	Action	Indicator	Timescales	Person/Group Responsible	Update
3.1	AAPC multi agency dataset is developed and implemented	Agencies are providing regular data	6 monthly	All AAPC members	
		AAPC multi agency dataset is regularly analysed and used to inform AAPC priorities, actions and workforce development	6 monthly	SECI	
3.2	Data is used to inform the production of Annual/Biennial Reports	Annual/Biennial Reports are completed using data	Annually	Independent Chair and Lead Officer	
3.3	Assist in the production of a National Adult Protection dataset	Data is used to benchmark with comparator Authorities	Annually	SECI	

4 Policy and Guidance

	Action	Indicator	Timescales	Person/Group Responsible	Update
4.1	Findings from Initial and Significant Case Reviews are used to review local multiagency policy and Guidance	Policy and Guidance are regularly updated based on findings from reviews	As required	Lead Officer and Policy and Practice Sub Committee	
4.2	Multi agency Tayside and local Guidance and Policy are used to inform single agency Guidance and Policy	Protocols, procedures and timescales are adhered to by professionals; evidenced through case file audit	Annually	Policy and Practice Sub Committee	
4.3	AAPC has all relevant policies and guidance in place that services are aware of and actively engage with Regular	review of key AAPC policies and guidance	Annually	Protecting People Team and Policy and Practice Sub Committee	
4.4	AAPC contributes to Protecting People Angus Policy and Guidance	PPA Policy and Guidance are consistent with local Adult Protection good practice principles	As required	Chairs and Lead Officers Group	

5 Practice Improvement

	Action	Indicator	Timescales	Person/Group Responsible	Update
5.1	Service Providers and frontline staff are supported to competently identify adult protection and respond effectively	APC members are represented within the Protecting People Workforce Learning and Development Subgroup	6 monthly	PPA Learning and Development Sub	
		A Protecting People Learning and Development Programme is in place that meets the needs of the workforce at general, specific and intensive levels	October 2020	Committee All Committee members	
		Single agencies are supported to develop good quality single agency training including access to e-learning, 'train the trainers' and interactive practitioner presentation materials	TBA	TBA	
		Professionals are aware of and actively fulfil their duties in relation to adult protection with appropriate urgency	TBA	TBA	

5 Practice Improvement

	Action	Indicator	Timescales	Person/Group Responsible	Update
5.2	Priority areas for development across Protecting People Angus are identified and progressed	Numbers of pieces of joint work with other PPA partners	6 monthly	Chairs and Lead Officers Group	
		Number of joint policies and strategies that represent the wider remit of the wider thematic partnerships/ strategic groups	6 monthly	Chairs and Lead Officers Group	
		Number of other plans Adult Protection is recognised within	Annually	Chairs and Lead Officers Group	
5.3	AAPC priorities, business and practice is informed by those who use services	Service User involvement Strategy is in place and progressed	December 2020	AAPC	
5.4	A culture of learning and professional challenge is fostered across Angus informed by self-evaluation and performance activity	Escalation Policy is in place and used by all professionals	October 2020	AAPC and Policy and Practice Sub Committee	
		Professional Curiosity Guidance is in place and used by all professionals	October 2020		
		The Case Review process is used to promote learning	October 2020	SECI and PSC	
		Self-evaluation and performance activity is used to promote learning and practice improvement	6 monthly	SECI and PSC	

6 Prevention

	Action	Indicator	Timescales	Person/Group Responsible	Update
6.1	An effective Communication and Engagement Strategy is in place	Regular, planned communications are undertaken	March 2021	Chairs and Lead Officers Group	
6.2	Individuals across Angus are supported to identify and report adult protection concerns	Angus Residents have more awareness of protection issues	Quarterly	SECI	
		Number of appropriate referrals to ACCESSLine and First Contact Team	Quarterly	SECI	
		Regular review of reporting mechanisms	Quarterly	AHSCP	
		Awareness raising messages and materials are shared at regular intervals to reflect national and local priorities	Ongoing programme of awareness raising		

6 Prevention

	Action	Indicator	Timescales	Person/Group Responsible	Update
6.3	Priority areas for prevention will be identified and preventative strategies developed	Financial Harm	October 2020	Financial Harm Sub	
		Self-Neglect and Hoarding	December 2020	AAPC	
		Mental Health	April 2021	Chairs and Lead Officers	
		Substance use	July 2021	AAPC	
6.4	AAPC continues to support the development of a transition pathway for young people who have identified needs but who do not meet the current threshold for services	AAPC contribute to the actions and progress of this transitional work to ensure positive outcomes are delivered	March 2021		

Glossary of acronyms APC Annual report 2020/2021

ACPC	Angus Child Protection Committee
AAPC	Angus Adult Protection Committee
ADP	Alcohol and Drug Partnership
AHSCP	Angus Health and Social Care Partnership
AIA	Angus Independent Advocacy
APC	Adult Protection Committee
AVAWP	Angus Violence Against Women Partnership
CLOG	Chairs and Lead Officers
COG	Angus Chief Officer Group
CP	Child Protection
ESG	Early Screening Group
FAST	Financial Abuse Support Team
FHSC	Financial Harm Sub Committee
ICR	Initial Case Review
IJB	Integrated Joint Board
IRD	Inter-Agency Referral Discussions
L&D	Learning and Development
LNA	Local Needs Analysis
LO	Lead Officers
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi Agency Risk Assessment Conference
MATAC	Multi Agency Tasking and Coordination
NFA	No further action
NQSW	Newly Qualified Social Worker
PD	Practice Development Subgroup
PPA	Protecting People Angus
P&P	
Subgroup	Practice and Policy Subgroup
S&T	Safe and Together Model
SAS	Scottish Ambulance Service
SCR	Significant Case Review
SECI	Self-Evaluation and Continuous Improvement Subgroup
SFR	Scottish Fire and Rescue
SMART	Specific – Measurable – Attainable – Measurable – Time Bound
SSSC	Scottish Social Service Council
TIP	Trauma Informed Practice
VAWP	Violence Against Women Partnerships
VPD	Vulnerable Person Database
WLD	Workforce Learning and Development Subgroup



Designed and produced by Angus Council comms team