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**Adult Protection Early Screening Group (ESG)**

**Protocol and Procedures**

**As at 11/03/2020**

**BACKGROUND**

The Adult Support and Protection (Scotland) Act 2007 makes it a legal duty for the Angus Council to make inquiries into the circumstances of adults at risk and for key other agencies to co-operate with these inquiries.

It also makes it a legal duty for key agencies to make referrals to Angus Council of any adult they believe to be at risk of harm.

Police Scotland come into contact with a large number of adults about whom they have welfare concerns. The circumstances of these adults differ widely, as does the seriousness of the concerns.

This Protocol forms part of a framework of common protocols, policies and procedures agreed by agencies in Angus.

**OVERALL AIMS**

* To ensure that there is an informed and appropriate response to adults about whom the Police have concerns.
* To prevent community care teams from receiving referrals about people who do not need any social work and health support.
* To target referrals, along with relevant background information, to the community care teams when specific needs are identified, putting adults in need of services in touch with these services at an early stage.
* To provide Housing and Community Safety Teams with a forum for multi-agency discussion of adults who may be at risk or where there are concerns to enable services to be provided that may preclude the need for formal tenancy or antisocial behaviour actions.
* To identify adults who may be especially vulnerable to fire to be offered and whenever possible provided with fire prevention assistance.
* To alert GPSs to any information about a patient where such information may assist with treatment or onward referral decisions
* To offer adults with suicidality the opportunity to receive support from Penumbra

The intended outcomes of the introduction of the ESG are to:

* Enable a multi-agency decision to be made regards the support and protection of adults referred principally by the police, but also by Housing
* To put adults referred in touch with appropriate services promptly

The operational procedures of the Early Screening Group, designed to ensure that relevant information is shared by the key adult protection partners, and that actions are agreed that are both appropriate and proportionate

**PROCEDURES**

**1. Meeting frequency**

Adult Protection Early Screening Group Meetings will take place each fortnight.

**2. Membership**

Permanent full time members of the ESG will be:

* Adult Protection Review Officer (APRO) (Angus Council) (Chair)
* Public Protection Unit/Risk and Concern Police Officer (Police Scotland)
* Community Mental Health Under 65s Team Manager (Angus Health and Social Care Partnership)
* Community Mental Health Over 65s Team Manager (Angus Health and Social Care Partnership)
* Team Managers Angus Integrated Drug and Alcohol Recovery Service
* Fire Safety Officer (Fire Scotland)

Other or occasional members will be:

* Police Inspector Community Safety (Police Scotland)
* Officer (Community Housing Team)

**3. Confidentiality**

All information shared in respect of any individual referred into the ESG and passed electronically will be treated as highly confidential.

**4. Data Protection (GDPR)**

Information regarding adults referred to the ESG is shared under the following GDPR conditions:

* 6(1) ( c ) – Processing is necessary in compliance with a legal obligation (assist in the prevention and detection of crime)
* 5 (3) - and other - in the Adult Support and Protection (Scotland) Act 2007 (duty to make adult protection referrals, and duty to inquire)
* 6(1)(e) – Processing is necessary for performance of a public task
* 9(2)(g) – processing is necessary for reasons of substantial public interest

 These procedures have been approved by The Angus Health and Social Care Partnership Data Protection Officer

**5. Preparation for ESG Meetings**

**The following outlines the responsibilities of key ESG personnel**

**5.1 The senior clerical officers** will:

* Receive and collate all referrals received (adult concern reports, or referrals from Housing or police repeat caller referrals)
* Examine all the police reports and check them for **ALL** adults detailed on each police report as being “adult concerns” **(some reports may detail more than one adult the police have concerns about).**
* Check Emis, Clinical Portal and CareFirst NHS/Social Work information systems to check whether there is any information known about individuals either subject to adult concern reports, repeat police caller, or community safety team referrals
* **ANY/ALL reports found to be open already to any AHSCP team will be sent directly to that team. All other reports will become part of the ESG process.** The rest of this procedural guide relates only to reports received on cases that are not identified by the Care First/ NHS checks as being open cases.
* **All reports on non-open cases will always be sent to the APRO for processing through to the next ESG.**
* Checking CareFirst will involve looking into information held in Networks and Relationships History to ascertain whether a community care team were previously involved; the aim being to make sure any relevant information held by social care and health is available for ESG consideration. Emis and Clinical Portal information will identify key health information including the name of the adult’s GP.
* The checks will also identify whether the adult referred is or was open to CAMHS and this information will be forwarded to the APRO along with the report.
* All reports processed on an adult who is found to be open to a psychiatrist or CAMHS will always be sent to the psychiatrist concerned for information (and any necessary ongoing action)
* Identify CHI number
* Record the information known about the individuals on an email
* Pass all ACR’s and information identified from Care First/NHS systems on **non-open cases** to the APRO
* Pass all ACR’s on new/previously closed cases, and on cases where either there is a child or high risk offender involved in any way, with the known CareFirst/EMIS information to the Adult Protection Review Officer
* Pass on all ACR’s on **open cases** to the appropriate team manager and open worker

**5.2 The Adult Protection Review Officer will:**

* Read all the adult concern reports (on non-open cases and on all cases where either a high risk offender or child is identified by the initial checks) as they come in and decide whether an urgent referral to a specific team is required or an alert regarding a child or a high risk offender must be sent either to children’s services of CJS respectively.
* Send any adult concern reports regards any illegal drug overdose to the Team Managers (Angus Integrated Drug and Alcohol Recovery Service) as soon as possible.
* Two days before the next ESG send all the papers relevant to the cases scheduled for discussion to all ESG members

**5.3 Permanent full time ESG members** will:

* On receipt of the information sent by the ESG administrator, check within their own agency for any known information. This will include checking NHS clinical portal for any relevant health information for ESG members with access to this system.
* This will mean the CMHT Under 65s officer checking for any information known on Care First, Clinical Portal and any other relevant systems about adults under 65s, and the CMHT Over 65s officer checking relevant systems for adults under 65.
* Record the information
* Attend the ESG

**5.4 The housing officer** will:

* Refer any individuals who may be at risk, and are either involved in anti-social behaviour, or have other housing related problems to the ESG.
* Forward basic details about any such cases to the administrator for the ESG
* Ensure attendance at the ESG whenever any such referral is scheduled for discussion

**6. Operation of the Early Screening Group**

**ESG meetings** will:

* Be chaired by the Adult Protection & Review Officer (APRO)
* Be attended by permanent members or their approved deputes on all occasions
* Make clear recommendations for action on each adult detailed as an “adult concern” (even where there is more than one adult detailed on the police report) from the following options:
	+ No further action (NFA)
	+ To send a letter to the GP, attaching the report, outlining the reasons why the GP is being sent the report
	+ To refer to a community care team
	+ To specify whether the referral to a community care team is an adult protection referral
	+ To consider whether there are concerns in respect to either child concerns or high risk offending arising out of any case discussed and decide where such concerns should be passed to
	+ To refer to Suicide Prevention Services (Penumbra) or Victim Support Angus, and alerting the respective adult’s GP to the fact of the referral to these 2 voluntary organisations
	+ Where an adult has been subject to multiple referrals give particular consideration for the need for an Initial Referral Discussion or adult protection referral.
* Decide which of the cases should be referred for a fire safety visit to the Fire

 Officer

* Discuss any items of other business brought by any member in respect to any matter relating to the operation of the ESG
* Agree any necessary minor changes to operational procedures as it deems necessary in the light of developing experience of the group’s operation
* Report to the Adult Protection Committee for Angus in respect to ESG operation as requested by that committee

**7. Following ESG Meetings**

**The clerical officer (A/C/M CMHT O65 Team)** will:

* Insert an entry on CareFirst reporting the decision taken by the ESG regards each referral
* Send any letter agreed at the ESG to the GP
* Send Adult Concern Reports to the respective teams as agreed by the ESG making it clear when any such referral is an adult protection referral
* Keep an ongoing record of every decision taken by the ESG with a view to being able to produce data for use in evaluating the functioning of the ESG. This information will include:
* A record of ESG recommendations

**APPENDIX 1**

**Team Manager Contact Details and ESG Members**

**Team Managers**

|  |  |  |
| --- | --- | --- |
| **Team** | **Manager** | **Email** |
| **Community Mental Health** |  |  |
| CMHT U65 FKSA | Julie McIntosh | julie.mcintosh2@nhs.scot |
| CMHT U65 ACM | Helen Bremner | helen.bremner@nhs.scot |
| CMHT U65 BM | Lorna Davidson | davidsonl@angus.gov.uk |
| CMHT Older People FKSA  | Hilary Paton | PatonH@angus.gov.uk |
| CMHT Older People BM | Sharron Valentine | sharron.valentine@nhs.scot |
| CMHT Older People ACM | Evelyn Burnham | BurnhamE@angus.gov.uk |
|  |  |  |
| **Older People’s Teams** |  |  |
| For/Kir/SWA & BM Older People’s Team | Jacqui Barclay-Mann |  barclay-mannj@angus.gov.uk |
|  |  |  |
| Arb/Carnoustie/Monifieth Older People’s team | Margaret Bundock | BundockM@angus.gov.uk |
|  |  |  |
| Brechin/Montrose Older People’s Team |  |  |
| **Learning & Physical Disabilities Disabilities** |  |  |
| LD (Landward) | Sam Annand | LDAdmin@angus.gov.uk |
| LD (Coastal) | Jennifer Angus | LDAdmin@angus.gov.uk |
| PD Angus | Jane Fotheringham | PDAdmin@angus.gov.uk |
| **Angus Integrated Drug and Alcohol Recovery Service (AIDARS)** | Lorraine DuncanRussell Wood | DuncanL@angus.gov.ukrussell.wood@nhs.scot |
| **Penumbra** | Ashleih McLeod | ASPSS@penumbra.org.uk |

**ESG Members Contact Details**

|  |  |
| --- | --- |
| **Name** | **Email**  |
| Mark Hodgkinson – Chair (Angus Health and Social Care Partnership) | HodgkinsonM@angus.gov.uk |
| Evelyn Burnham (Angus Health and Social Care Partnership) | BurnhamE@angus.gov.uk |
| Lorraine Duncan (Angus Health and Social Care Partnership) | DuncanL@angus.gov.uk |
| Lorna Davidson (Angus Health and Social Care Partnership) | davidsonl@angus.gov.uk |
| Mike Wilson-Wynne (Police Risk and Concern Hub)  | michael.wilson-wynne@scotland.pnn.police.uk |
| Grant Foreman (Fire Scotland) | grant.foreman@firescotland.gov.ukjudi.young@firescotland.gov.uk |
| Russell Wood (Angus Health and Social Care Partnership) | Russell.Wood@nhs.scot |

**APPENDIX 2**

**ESG DECISIONS**

**1. NO FURTHER ACTIONS**

**NFA1** – the ESG decides that no further action is required because the case does not warrant further action

**NFA2** – the ESG decides that no further action is required because the case is now open to an integrated AHSCP social work and health team

**NFA3** - the ESG decides that no further action is required because the case has been dealt with by another agency/body/team that is not an integrated ASHSCP social work and health team (eg the crisis response team)

**NFA4** - the ESG decides that no further action is required because the adult who is subject of the report does not stay in angus

**2. REFERRAL TO SPECIFIC TEAM** – a referral to an integrated AHSCP social work and health team (specifying when such a referral is an adult protection referral)

**3.** **LETTER TO GP** – when the ESG decides that the GP should see the referral to provide them with information contained in the referral that may assist with treatment decisions including whether there may be a need for GP onward referral to specialist or specific medical treatment

**4. REFERRAL TO A VOLUNTARY ORGANISATION** such as penumbra or victim support

**APPENDIX 3**

**GP Practices**

|  |
| --- |
| **Forfar / Kirriemuir** |
| Lour Road Surgery3 - 5 Lour RoadForfarDD8 2AS | Academy Medical CentreAcademy StreetForfarDD8 2HA |
| Ravenswood Surgery8 New RoadForfarDD8 2AE | Kirriemuir Medical PracticeTannage BraeKirriemuirDD8 4ES |
| **Brechin / Edzell / Montrose** |
| Brechin Medical PracticeInfirmary StreetBrechinDD9 7AN | Edzell Health CentreHigh StreetEdzellDD9 7TA |
| Annat Bank PracticeLinks Health CentreFrank Wood WayMontroseDD10 8TY | Castlegait SurgeryLinks Health CentreFrank Wood WayMontroseDD10 8TY |
| Townhead Medical PracticeLinks Health CentreFrank Wood WayMontroseDD10 8TY | Links Health CentreFrank Wood WayMontroseDD10 8TY |
| **Arbroath** |
| Abbey Health CentreEast Abbey StreetArbroathDD11 1EN | The Medical Centre7 Hill PlaceArbroathDD11 AD |
| Springfield Medical CentreWest Practice30 Ponderlaw StreetArbroathDD11 1ES | Springfield Medical CentreEast Practice30 Ponderlaw StreetArbroathDD11 1ES |
| **Carnoustie / Monifieth / Broughty Ferry** |
| Carnoustie Medical GroupParkview Primary Care CentreBarry RoadCarnoustieDD7 7RB | Monifieth Medical PracticeThe Health CentreVictoria StreetMonifiethDD5 4LX |
| **Broughty Ferry Heath Centre** |  |
| 103 Brown StreetBroughty FerryDundeeDD5 1EP |  |

**APPENDIX 3 – LETTER PRO FORMAS**

**3.1 Letter to GP**

REF

Our Ref: MH/(insert your initials)

(insert today’s date)



|  |  |
| --- | --- |
| **PRIVATE & CONFIDENTIAL**(insert SU’s GP Name & Address)  |  |

Dear (Dr Surname)

**Re: (Insert SU’s Name) – CHI: (Insert SU’s CHI)**

An adult concern report was received from the Tayside Police Public Protection Unit for (insert SU name) on (insert date report received).

This was subsequently discussed at the early screening group on (insert date of meeting) and it was decided a copy of this report would be sent to the patient’s GP for information as a result of……..

Please find enclosed a copy of the adult concern report for your information.

Yours sincerely

Mark Hodgkinson

Adult Support & Protection Review Officer

Enc – Adult Concern Report ref (insert report number)/(insert year)

**Adult Support & Protection Review Officer │Ravenswood │New Road │Forfar│DD8 2ZW**

T: (01307) 473762 │E: people@angus.gov.uk │W: [www.angus.gov.uk](http://www.angus.gov.uk)

**3.2 Referral to Specific Team**

REF

Our Ref: MH/(insert your initials)

(insert today’s date)

|  |  |
| --- | --- |
| **PRIVATE & CONFIDENTIAL**(Insert Team Manager’s Name)Team Manager(Insert Team Address)  |  |

Dear (Insert Forename)

**Re: (Insert SU’s Name) – CHI: (Insert SU’s CHI)**

An adult concern report was received from the Tayside Police Public Protection Unit for (insert SU’s name) on (insert date report received).

This was subsequently discussed at the early screening group (ESG) on (insert date of meeting) and it was decided to refer (Mr/s insert SU’s surname) to the (insert team name) Team for follow up.

The ESG decided that in sending you the report that they were/were not (delete as appropriate) passing on to you an adult protection referral.

Please find enclosed a copy of the adult concern report for your information.

Yours sincerely

Mark Hodgkinson

Adult Support & Protection Review Officer

Enc – Adult Concern Report ref (insert report number)/(insert year)

**Adult Support & Protection Review Officer │Ravenswood │New Road │Forfar│DD8 2ZW**

T: (01307) 473762 │E: people@angus.gov.uk │W: [www.angus.gov.uk](http://www.angus.gov.uk)

**3.3**  **Referral to Penumbra/Victim Support**

REF

Our Ref: MH/(insert your initials)

(insert today’s date)



|  |
| --- |
| **PRIVATE & CONFIDENTIAL** |

Dear

**Re: (Insert SU’s Name) – CHI: (Insert SU’s CHI)**

An adult concern report was received from the Tayside Police Public Protection Unit for (insert SU’s name) on (insert date report received).

This was subsequently discussed at the early screening group (ESG) on (insert date of meeting) and it was decided to refer (Mr/s insert SU’s surname) to Victim Support Angus/Penumbra (delete as appropriate) for you to consider offering support.

Please find enclosed a copy of the adult concern report for your information.

Yours sincerely

Mark Hodgkinson

Adult Support & Protection Review Officer

Enc – Adult Concern Report ref (insert report number)/(insert year)

**Adult Support & Protection Review Officer │Ravenswood │New Road │Forfar│DD8 2ZW**

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