



ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 24 AUGUST 2022

PROGRESS REPORT- ADULT SUPPORT AND PROTECTION CAPACITY

REPORT BY GAIL SMITH, CHIEF OFFICER

ABSTRACT

This report addresses issues of capacity in key services affected by increases in demand for adult support and protection interventions.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) Accepts the content of this report.
- (ii) Supports the interventions undertaken, or planned, to address capacity challenges.

2. BACKGROUND

The IJB on 23/02/22 received the Adult Protection Committee Annual Report for 2020/21. This report noted major increases in referral numbers and in demand for professional adult support and protection (ASP) interventions. IJB members noted the impact on Partnership services in terms of demand-capacity challenges, and in particular on care management teams. The IJB requested a progress report in 6 months' time, August 2022.

3. CURRENT POSITION

The Adult Protection Committee Annual Report for the previous year is always a little out of date by the time it receives the data for completion and works its way through the necessary Committee reporting structure. More up to date, Mark Hodgkinson, Angus ASP Review Officer, submitted the ASP statistical report for 2021-22 to the Angus Adult Protection Committee on 15/06/22, including annual comparisons from 2017/18 to 2021/22. This provides analysis of referral and demand patterns. Key points of note were:

- a) An increase in referrals from Scottish Fire and Rescue Service and from family members, the latter up from 19 in 2018/19 to 52 by 2021/22-illustrating that our public referral systems are working well. Higher professional and public awareness usually translates into more referrals and additional demand.
- b) AP referrals up from 406 in 2019/20 to 728 in 2020/21, then down to 681 in 2021/22, but overall incorporating a 60% increase in referrals from 2 years ago.
- c) The number of adult protection enquiries carried out increased from 282 in 2017/18 to 508 in 2021/22, after a high of 529 in 2020/21.
- d) The number of adult protection investigations completed increased from 46 in 2017/18 to 145 in 2020/21, then dropped back to 82 in 2021/22.
- e) The number of adult protection case conferences completed in 2021/22 was 207, a record high following 179 in 2020/21 and 94 in 2019/20. In 2017/18 and 2018/19 the figure was 76 and 77 respectively. Care Managers undertake the investigations which lead to Case

Conferences, complete the investigation reports, attend the conferences, and supervise the cases thereafter.

- f) There are currently 113 adults registered in need of protection. In 2020/21 the figure was 87, and the year before that 46. We are registering more adults in need of protection. For the first time, this figure is higher than the number of children registered on the CP Register.
- g) The statistical analysis of adults at risk by main client group showed that CMH services, Disabilities services, and AIDARS now have the most adults who are the subject of ASP Plans.
- h) The principal categories of harm are, as previously, financial or physical. The average age has shown a marked increase in the 21-64 age group.

In summary, the record highs of 2020-21 have not been repeated in the following year, but the overall trend in demand remains a very significant increase since 2017-18.

Adult Support and Protection (ASP) is a delegated function to the IJB and its operational wing, the AHSCP. This means that the duty to investigate ASP concerns which exists in the Adult Support and Protection Act 2007, and which previously sat with Angus Council, sits, since Integration, with the IJB/AHSCP. All other involved public bodies have a legal "duty to cooperate" in the ASP process. The lead agency is social work and investigations are carried out by "Council Officers" (defined in the Act as qualified social workers and sometimes senior nurses or OTs employed by the Council, with appropriate training and experience).

Investigations are carried out by staff in care management teams, as is the ongoing work to reduce or manage risk for adults who are the subject of serious professional concern, as determined by an adult protection case conference. Care management teams are required to maintain sufficient numbers of suitably qualified "Council Officers" to manage the demand for adult protection work.

Maintaining capacity in the teams becomes more challenging when there is a significant rise in the level of demand for ASP work, when there are budgetary challenges which make it difficult to increase resources, when recruitment is problematic, or when the balance of new and experienced workers in teams tips towards the former (Council Officers must have at least one year post-qualifying experience with vulnerable adults before they can lead investigations.) Workers do not, of course, only carry adult protection cases; the same care managers are affected by the current increases in demand for care at home, which they organise, and by the increases in Adults with Incapacity work (AWI). ASP is therefore not the sole reason for strengthening care management teams but is a significant part of the overall increase in their workloads.

Action Taken

The AHSCP has responded to the increase in demand for ASP work (and other increased demands) by adding staff to the teams, funded from Scottish Government care at home funding, Winter Planning funds, Early Supported Discharge funds, and some pandemic monies. The AHSCP has:

1. Increased the number of Adult Protection Review Officers from one to two.
2. Increased the number of Social Work Senior Practitioner Posts in Adult Mental Health under 65's from 1 to 2.
3. Increased the number of care managers as follows:
 - Temporary Care Manager x 1 made permanent - Disability Services
 - Care Manager x 1 - Disability Services
 - Acquired Brain Injury Care Manager post increased from part-time to full time
 - Care Manager x 1 in dementia post-diagnosis team
 - Care Manager to be based in Ninewells/Royal Victoria for discharge planning
 - Care Manager x 1 in Older Peoples Services (OPS)

- Care Managers x 2 in Community Mental Health under 65's (CMH)
 - Care Manager x 2 in AIDARS (Drug and Alcohol services)
 - Care Manager x 1 (temporary) in AIDARS
 - Review Officer x 1 for OPS (Care Homes)
4. Increased the number of support staff in the teams. The following posts support the teams by ensuring that the Care Manager resource is concentrated on the most complex work, including adult support and protection.
- Care Coordinators x 2 - recruitment nearing conclusion
 - Senior Clerical Officers x2 to support Team Managers across Adult Services
 - Home Care Assessors x 2 in OPS
 - Care Co-ordinators x 2 in CMH
 - Home Care Support Workers x 2 in CMH
 - Health care Support Worker x 1 for AIDARS

4. PROPOSALS

There are no proposals in this report.

5. FINANCIAL IMPLICATIONS

There are significant costs relating to the introduction of these additional posts, equating to c£0.65m current year and £1.0m recurrently. All of these posts are funded through Scottish Government funding streams for Winter Planning, Chief Social Work Officers Fund and Medically Assisted Treatment (MAT) Standards, along with Strategic Planning Reserves.

6. RISK

Angus Health and Social Care Partnership has a strategic risk in relation to Adult Support and Protection, ensuring that quality of Adult Protection Work within AHSCP is of a good standard so that the risk to the public to individual services and to member organisations are averted. The current risk score of 20, residual risk score of 16 and planned risk score of 12. This was last reviewed on 18 July 2022 at the Care Clinical & Professional Governance Risk Meeting and is subject to ongoing monitoring and review through this forum.

All public protection work carries risk. It is not possible to eliminate risk entirely. The intervention of involved professionals is intended to achieve the following aims: operationally, to carry out an assessment of risk where adult protection concerns are presented in individual cases/group settings and to take the necessary action to protect vulnerable people; and strategically, to ensure that adult protection operating procedures are fit for purpose, that multi-agency working is robust, and that the skills set in ASP for staff is well developed.

Potential causes of risk are:

1. Insufficient resource being allocated by agencies to manage demand in ASP work
2. Staff being inadequately skilled, or knowledgeable or experienced enough to carry out their duties in ASP work
3. Procedures being insufficiently well developed to promote good practise
4. multi-agency partnership working is insufficiently developed to promote good practise
5. that sufficient amounts of training are not available to staff at the right time

This report deals with the first risk, above. The increase in demand has challenged the Partnership's ability to meet its duties, especially when coupled with increases in other key

areas of activity, but the Partnership has responded by increasing resources in the main service areas affected, primarily in care management. The care management teams remain under considerable pressure and senior managers are monitoring demand trends and their impact on service delivery capacity.

7. OTHER IMPLICATIONS (IF APPLICABLE)

It is foreseeable that the changes in levels of demand in ASP and Adults with Incapacity work are permanent, and this changes the balance of experience and higher-level skills set needed in the care management teams. The changes place considerable pressure on Team Managers, with greater numbers of complex cases to be overseen and managed. Consideration will need to be given to the introduction of Senior Practitioners in Disability Services and Older Peoples' Services, such as those which already exist in AIDARS, Community Mental Health Services (Under 65's) and in the Council's Children, Families and Justice Services.

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is not required.

9. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

| Direction Required to Angus Council, NHS Tayside or Both | Direction to: | |
|---|-------------------------------|---|
| | No Direction Required | X |
| | Angus Council | |
| | NHS Tayside | |
| | Angus Council and NHS Tayside | |

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