

# Angus Adult Protection Committee



Biennial Report  
2020-2022



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## Foreword by the Independent Chair

As Independent Chair of the Angus Adult Support and Protection Committee, I am delighted to introduce the Committee's biennial report for the two year period, 2020/22.

The report sets out details of the Committee's work and that of the key agencies who respond to the needs of vulnerable adults in Angus and covers the two year period when the Covid pandemic had a major impact on people's lives and well-being. The pandemic presented additional challenges to vulnerable Adults and those tasked with looking after them. I am pleased to report that Committee members and frontline staff responded to this challenge and ensured measures were in place to mitigate the additional risks to vulnerable adults presented by Covid and its aftermath.

Self-evaluation and audit remain a strong commitment of the Committee to ensure that Professional Practice, supported by effective policy and guidance positively addresses and responds to the issues presented by vulnerable adults.

Significant Case Review P19 (SCR P19) was a major piece of work instructed and overseen by the Committee. This review, whilst it identified areas of good practice in respect of Adult Support and Protection, also identified a number of shortcomings in practice which absolutely required to be addressed.

An improvement plan was established to ensure that the necessary changes to both multi-agency and single agency practice and policy have been and continue to be, implemented and that the learning from the experience of adult P19 has been disseminated to all those working with vulnerable adults in Angus.

Looking ahead, the report documents a number of key areas and challenges that the Committee will continue to focus upon to ensure that vulnerable adults receive a supportive and caring response to ensure their safety and well-being.



**Ewen West**

Independent Chairperson

Angus Adult Protection Committee

## Chief Officer's response

Angus Chief Officers are pleased to receive this report and have welcomed the engagement with Angus Adult Support and Protection Committee over the last two years. We have been assured by the proactive and creative responses of services during the pandemic and the continued and relentless focus on those that are most vulnerable and in need of support and protection. The strong learning culture that drives the work of services in respect of adult support and protection has remained strong and whilst clearly difficult for families and our staff who have been involved with adults such as P19, we remain hugely appreciative of their engagement and willingness to reflect, learn and develop adult protection practice for the better. We would like to extend our thanks to adults who engage with our services, provide feedback to enable positive change, to our committed staff group, leaders, committee members and independent chair who work in partnership to continually develop and improve under increasingly difficult circumstances.



**Margo Williamson**

Chief Executive

Angus Council



**Claire Pearce**

Executive Director  
of Nursing  
NHS Tayside



**Phil Davidson**

Chief Superintendent  
Divisional Commander  
Police Scotland

## 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.

This Biennial Report for the period April 2020 to March 2022 describes and highlights progress towards the outcomes described in the Strategic Plan 2020/23. This Report includes a summary of the work of Angus Adult Protection Committee (AAPC), the outcomes from this work, strengths and challenges of AAPC and priorities for the coming two-year period.

## 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 biennial 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 Angus Adult Protection Committee (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 Covid-19

During the initial Covid period, AAPC held weekly meetings of a core group of members to support partners to come together, share information and data, assess risk and plan joint responses. A Covid Risk Register was developed to identify, manage any mitigate risks and escalate to Chief Officers for additional support as necessary.

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 a phone.

Multi-agency staff faced working through Covid restrictions and adapting their methods of contact with service users. There were additional pressures on the workforce of working from home, however staff adapted well, showed resilience, and ensured that those at risk from harm were prioritised and protected.

This report takes us to March 2022 when we are moving well into recovery and what 'getting back to normal' looks like for our Adult Protection multi-agency workforce within Angus. We will ensure we learn from what worked well over the last 2 years, how service users have experienced support and services as we move forward to 2023/24.





## 2 What our data tell us

AAPC have recently established a Self-Evaluation and Continuous Improvement Subgroup, which will oversee 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 (AHSCP) 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 AHSCP. This has allowed the AHSCP to undertake focused activity to ensure appropriate identification and intervention for adults at risk across Angus.

### **2020/22 Statistics**

#### **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 was 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. The increase in referrals has been steady over the Covid period and has been monitored on a fortnightly basis through Covid reporting.

<b>Number of referrals by source</b>				
<b>Source of referral</b>	<b>Apr 2018 to March 2019</b>	<b>April 2019 to March 2020</b>	<b>April 2020 to March 2021</b>	<b>April 2021 to March 2022</b>
Police	306 (79%)	315 (78%)	429 (59%)	435 (64%)
Angus Health & Social Care Partnership	19 (5%)	22 (5%)	53 (7%)	52 (8%)
Family	4	8	11	21
Member of the public	1	0	10	7
Carer	5	4	20	14
Voluntary Organisation	0	2	3	5
Other care home	10	6	29	15
Other	4	6	58	18
Self	0	2	7	10
Health acute	4	4	7	13
Health gp	2	1	3	3
Health primary	4	5	16	26
Local authority care home	5	2	2	2
Care at home	0	0	0	0
Housing	1	1	6	10
Care Inspectorate	1	0	5	5
OPG	2	0	1	3
Fire & Rescue	17	26	53	38
Friend/neighbour	0	2	15	4
MWC	0	0	0	0
<b>Total</b>	<b>385</b>	<b>406</b>	<b>728</b>	<b>681</b>

\*Other comprised: 2 – Bank, 3 – Anonymous, 1 – Equipment store, 1 – Local hardware store, 1 – Welfare Rights, 1 – Environmental Health, 1 – Councillor, 1 – Member of Parliament, 1 – Horizon, 1 – MP, 1 – Home Office, 1 – College, 2 – Dundee City Council, 1 – Scottish Ambulance Service

Other comprised: 5 – Bank, 10 – Anonymous, 39 – Trading Standards, 1 – Welfare Rights, 1 – Microsoft, 1 – Landlord, 1 – Friend's carer

Of particular note is the significant increase in referrals during the period 2020/21. These have dropped from 728 to 681 in 2021/22, which is still a significant increase from the relatively consistent 400 per annum of previous years.

There has been growth in referrals from Scottish Fire and Rescue in the last 2 years from 43 in 2018/20 to 91 during 2020/22. This is very welcome and an indication of their commitment to being key partners in the Adult Protection system.

The rise in referrals from families from 12 in 2018/20 to 32 in 2020/22 indicates that members of the public can and do make Adult Protection referrals.

Police Scotland continue to be the largest source of Adult Protection referrals in Angus, making up 59% of all referrals during 2020/21 rising to 64% in 2021/22.

### **Early Screening Group outcomes (ESG)**

ESG is a multi-agency screening group that meets weekly to consider referrals for adults who are not currently receiving support.

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 Officers.

A review of the Early Screening Group has been undertaken as part of the Findings and Recommendations from the AAPC SCR O18 (published in February 2020) and has identified a number of opportunities for improvement including increasing the number of Chairs, moving from a fortnightly 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 was completed in late 2021 to evaluate the impact of the improvement work.

Analysis of the ESG stats indicate:

- Referrals to ESG have remained steady over the last 2 years at around 500 per annum
- A significant increase in the number of "letter to GP" ESG decisions
- Only 10% of referrals to the ESG are met with a No Further Action decisions, indicating that referrals are appropriate
- 13% of referrals discussed at the ESG result in a referral to an AHSCP team

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 Adult Protection Advisers and the improvement work that has been undertaken by that team across NHS Tayside in respect on adult protection.

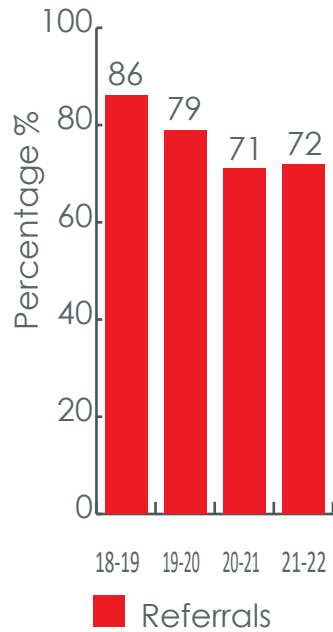
### **Interagency Referral Discussions (IRDs)**

In keeping with the increase in referrals, investigations and case conferences, there has been a notable increase in the number of IRDs, particularly in Angus Health and Social Care Partnership (AHSCP) 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.

### **Referrals leading to Inquiry**

The percentage of referrals leading to an Adult Protection Inquiry has fallen consistently since 2016/17 During 2021/22 with no notable change in rates from the previous year. The reason for this decline is unclear and will 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.

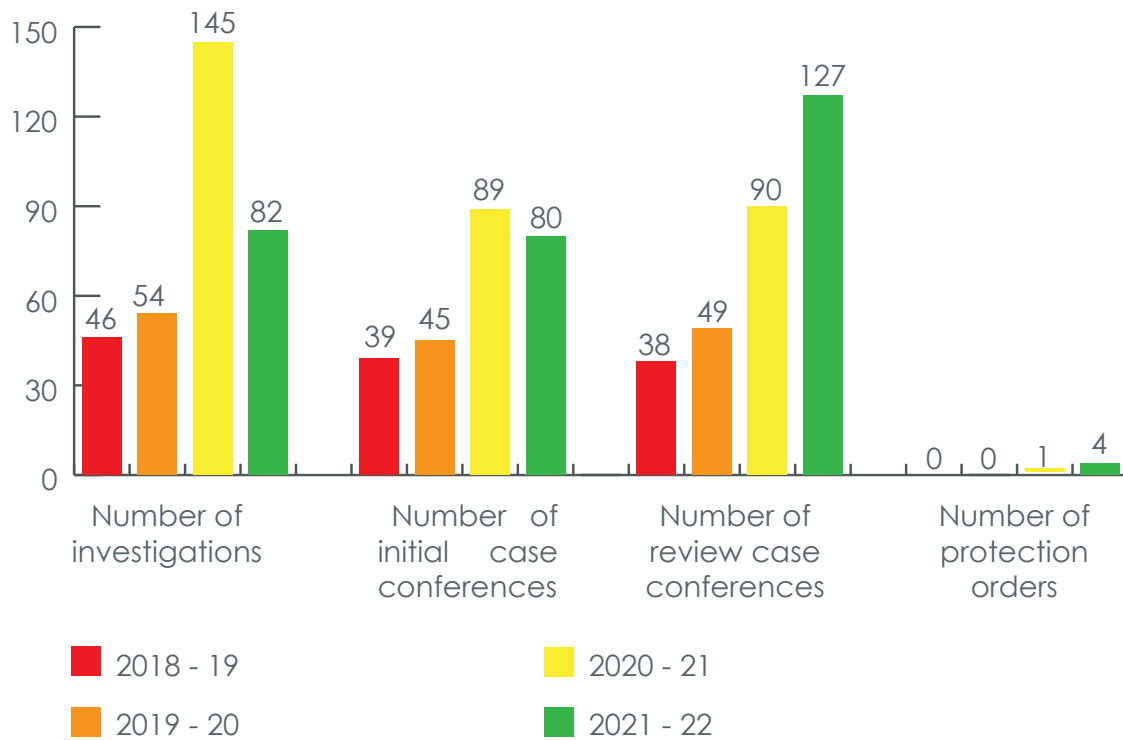
**Figure 1: Percentage of referrals leading to an enquiry 2018 - 2022**



### **Inquiries, investigations and orders**

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 16% in 2019/20 and 13.9% in 2018/19.

**Figure 2: Investigation, case conferences and protection orders  
2018 - 2022**



There has been a significant increase in the numbers of Investigations in 2020/21; an increase of 169% from the previous year; and Case Conferences has increased 90% from the previous year.

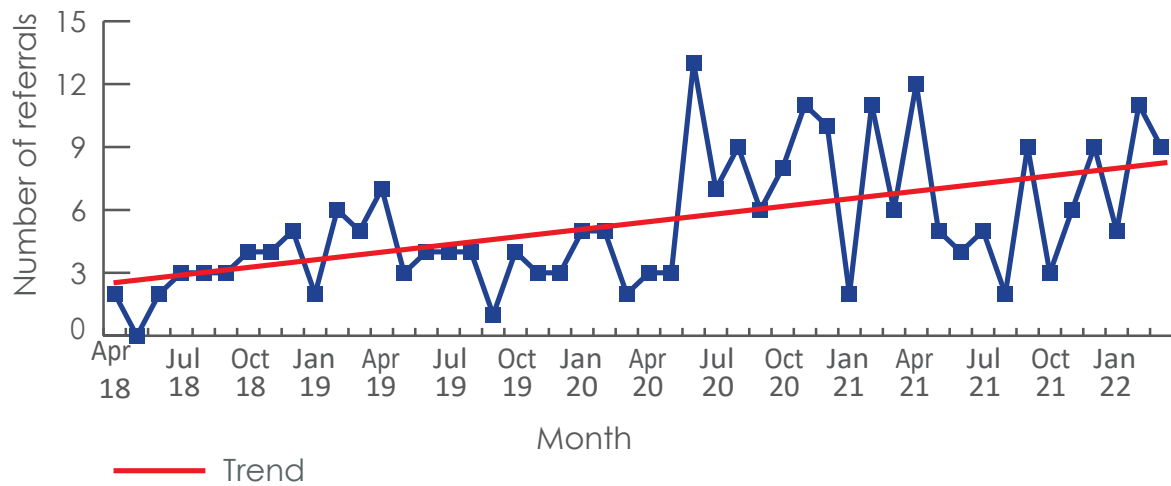
2020/21 saw the first Adult Protection Order being taken since 2015; with a further four being taken in 2021/22.

The majority of Adult Protection Investigations are for incidents that take place within the home (almost 70%).

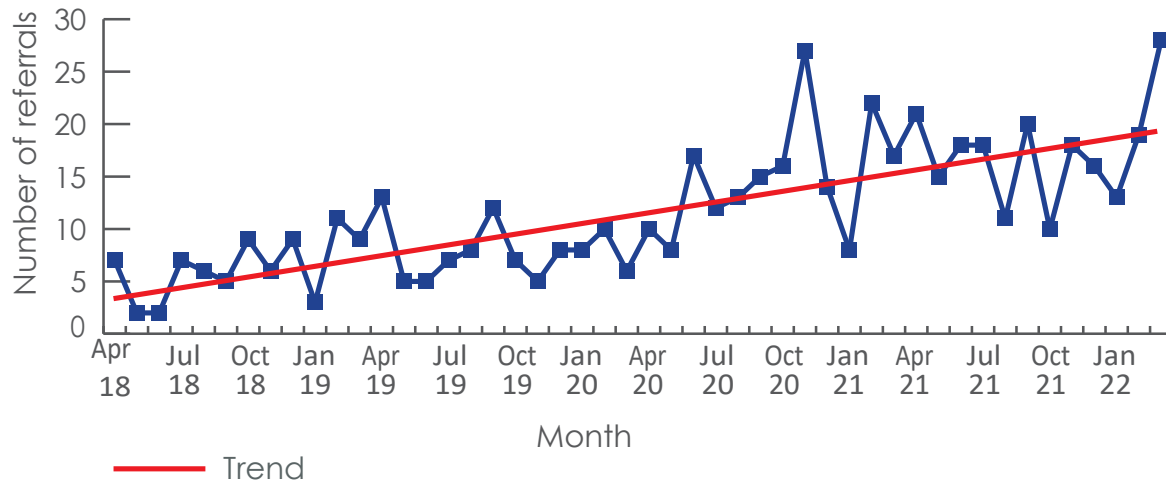
### Case conferences and adults at risk in Angus

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 first lockdown period.

**Figure 3: Initial case conferences April 2018 - March 2022**



**Figure 4: Total case conferences April 2018 - March 2022**



There has been change in how some teams within the Angus Health and Social Care Partnership function which is 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, there has been an increase in adult protection activity across the HSCP as a whole.

### **Invitations/attendance at case conferences**

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 following is based on 179 Case conferences and 207 Case conferences between 01/04/21 and 31/03/22.



Figure 5: Case conference invites and attendance

Invited		
	April 2020 – March 2021	April 2021 – March 2022
Service user	146 (82%)	171 (83%)
Relative/carer/friend	75 (42%)	84 (41%)
Independent advocate	79 (44%)	90 (43%)
Police	161 (90%)	206 (100%)
Consultant psychiatrist	56 (31%)	63 (30%)
Law and admin	40 (22%)	41 (20%)
GP	167 (93%)	193 (93%)
MHO	71 (40%)	72 (35%)
Housing	69 (39%)	49 (24%)

Attended		
	April 2020 – March 2021	April 2021 – March 2022
Service user	60 (34%) <b>*(41%)</b>	56 (27%) <b>*(33%)</b>
Relative/carer/friend	67 (37%) <b>*(89%)</b>	43 (21%) <b>*(51%)</b>
Independent advocate	69 (39%) <b>*(87%)</b>	67 (32%) <b>*(74%)</b>
Police	147 (82%) <b>*(91%)</b>	166 (80%) <b>*(81%)</b>
Consultant psychiatrist	21 (12%) <b>*(38%)</b>	18 (9%) <b>*(29%)</b>
Law and admin	28 (16%) <b>*(70%)</b>	25 (12%) <b>*(61%)</b>
GP	11 (6%) <b>*(7%)</b>	13 (6%) <b>*(7%)</b>
MHO	63 (35%) <b>*(89%)</b>	59 (29%) <b>*(82%)</b>
Housing	41 (23%) <b>*(59%)</b>	51 (25%) <b>*(104%)</b>

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

The number of adults invited to attend their case conference has increased slightly from 82% in 2020/21 to 83% 2021/22. However only 41% of those invited in 2020/21 attended and 33% in 2021/22, as opposed to 54% in 2019/20. The impact of Covid and having case conferences virtually may have impacted on this. Some service users have reported difficulties in accessing online meetings due to lack of equipment or confidence to use this.

In contrast to this some professionals have increased attendance, likely due to increased capacity while attending meetings virtually.

The number of Independent Advocates invited to attend case conferences has almost doubled from 23% in 2019/20 to 44% in 2020/21; this remains the same for 2021/22.

The attendance of Angus Council Legal Section 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 appointment of Adult Protection Advisors within NHS Tayside. There is also a dedicated Police Scotland representative who attends consistently. This has impacted positively on information sharing and multi-agency working.

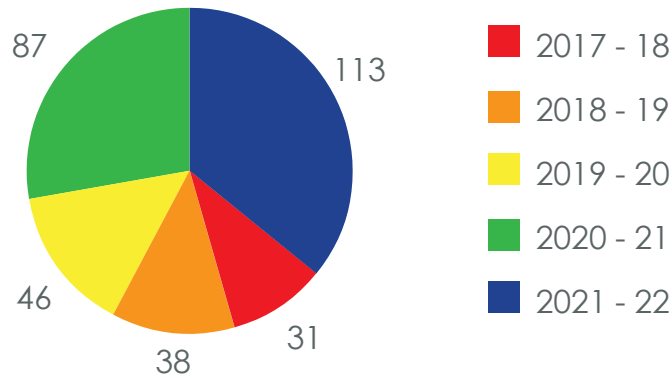
Going forward in 2022/23 attendance at meetings will continue to be offered in person or virtually to allow adults at risk to attend in the way that best suits their needs.

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**

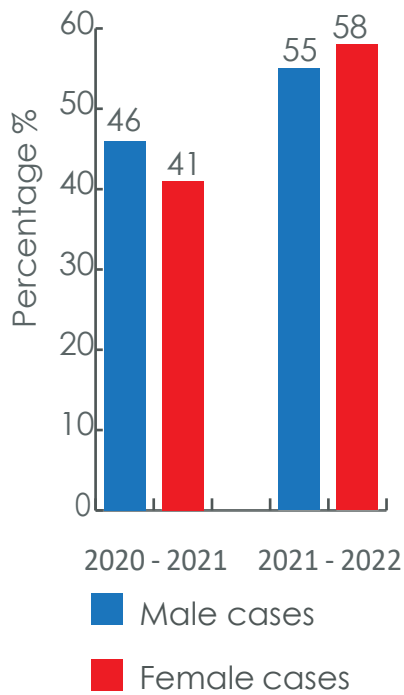
There has been a significant increase in the number of 'adults at risk' within Angus over the last few years. In 2019/2020 there was 46, increasing to 87 in 2020/2021 and for the last year of this biennial reporting period 2021/2022 this increased again to 113.

**Figure 6: Number of adults at risk in Angus 2017 - 2022**



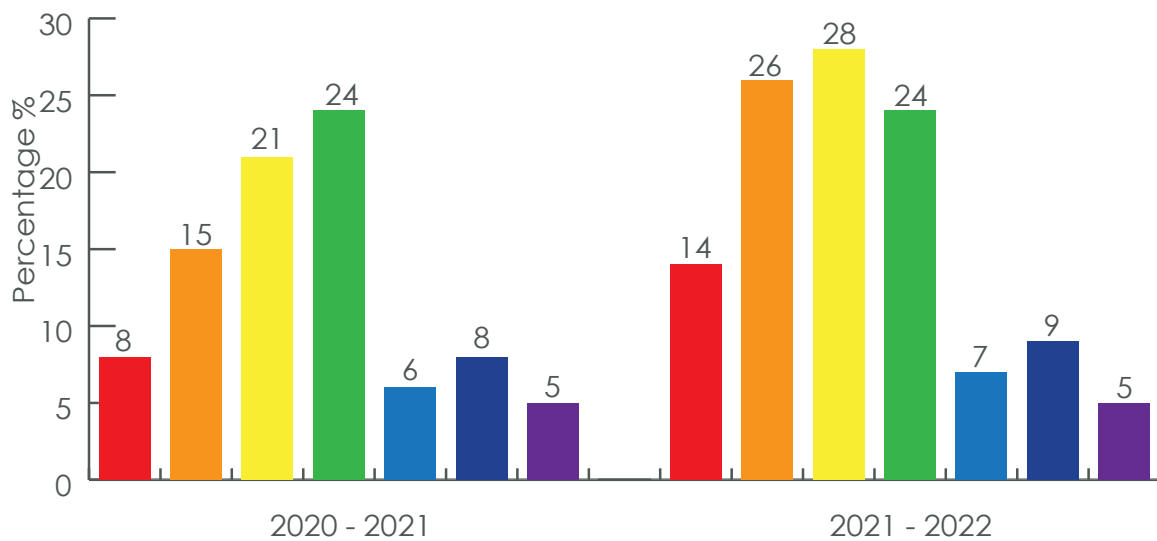
The gender split between males and females has varied over recent years, with no discernible difference.

**Figure 7: Gender of adults at risk in Angus**



There has been a notable increase in those in the 21-34 age bracket, from 15 referrals in 2020/21 to 26 in 2021/22. The 50-64 age brackets have remained consistent with referrals throughout the two-year reporting period.

**Figure 8: Age of adults at risk in Angus 2020 - 2022**

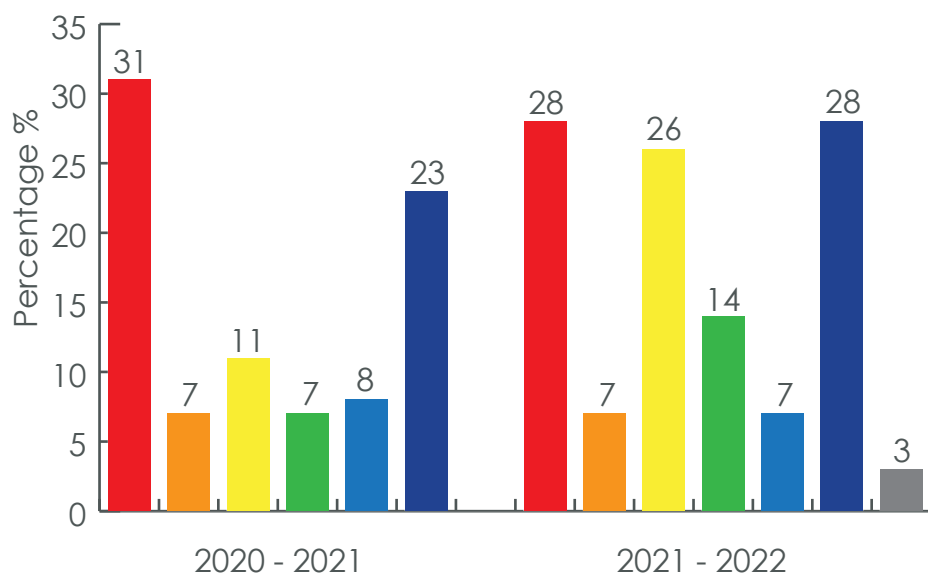


Number of adults at risk



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. However, this dropped to 28 in 2021/22.

The number of adults at risk who are affected by substance use has also increased over the past 2 years from 23 in 2020/21 to 28 in 2021/22. In 2021/22 those with Learning Disabilities also increased to 26 from 11 in the previous year.

**Figure 9: Adults at risk by main client group 2020 - 2022**

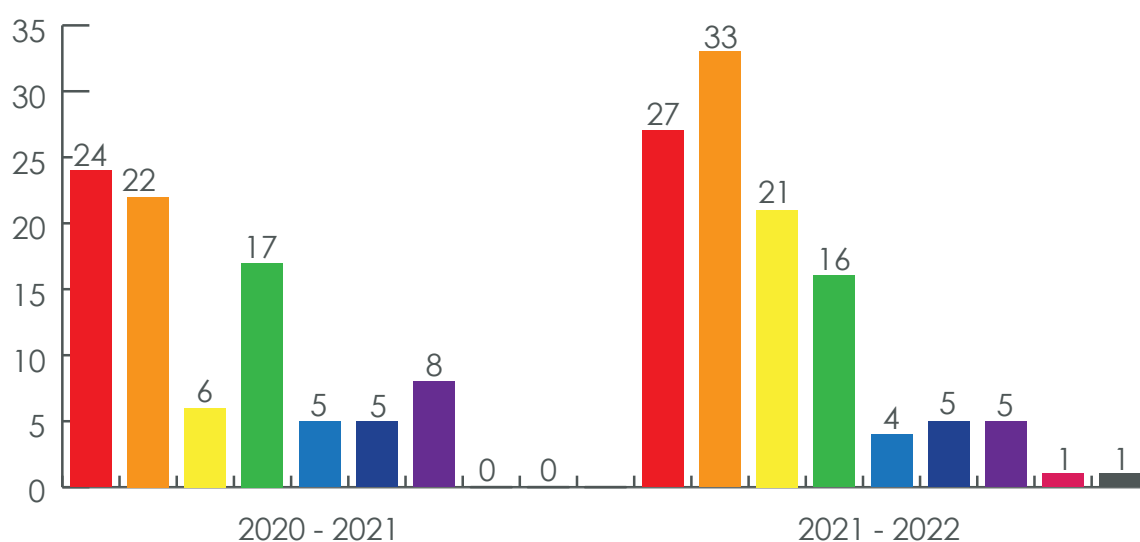
Number of adults at risk

- Mental health problem
- Problems arising from infirmity due to age
- Learning disability
- Physical disability
- Dementia
- Substance misuse
- Other

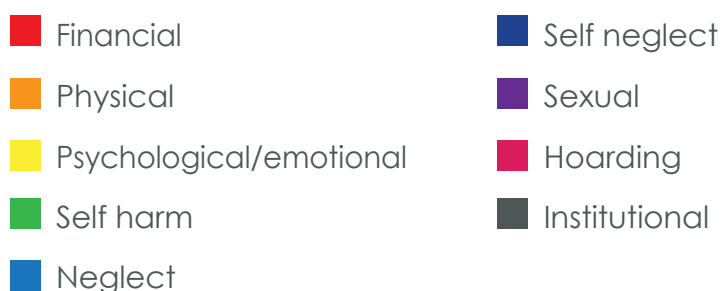
## Type of Harm

Financial and physical harm 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 and physical harm in 2021/22.

**Figure 10: Types of harm by adults at risk 2018 - 2020**



Number of 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 team to hundreds of Angus residents as well as the consequent financial benefit to the local community.

There has been an increase of adults at risk in the 35-49 and the 50-64 age brackets over 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.

AAPC has continued to monitor statistics as reported by AHSCP. We recognise the importance of data and data trends across a number of indicators and have identified this as an area for improvement. AAPC will commence work over the next reporting period on bringing together a partnership data set in line with the National Data Set for Adult Protection in order to report locally and benchmark nationally on performance.

## 3 Outcomes, achievements and service improvements

### 3.1 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 support improvement work for the AAPC and allow the Policy and Practice Subgroup to focus on policy and 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 (APIP), a joint improvement plan with AHSCP, 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 data analyst time to aid with the development of the dataset. The draft dataset was presented to committee in 2021 and will form an important part of our overall evaluation moving forward.

During 2022 the SECI developed an oversight document for all Initial Case Reviews (ICR) and Serious Case Reviews (SCR) improvement actions. This replaced the current APIP which was remitted back to AHSCP for single agency improvement actions. The document is updated quarterly, and improvement activity is shared with AAPC regularly.

### 3.2 Learning from Initial and Significant Case Reviews

AAPC has actively promoted a culture of learning particularly through engaging members in identifying cases for learning review. SCR O18 was published in August 2020, along with an SCR (Isabelle) by Angus Child Protection Committee. 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.

Perhaps the most significant practice evaluation we have undertaken is the Significant Case Review P19.

A resident of Angus, P19 died as a result of end-stage cancer in December 2018, aged 50. They had been identified as an “adult at risk” in August 2018 and there was involvement by a number of agencies and services prior to their death.

The review focuses upon the four months prior to P19's death. It was commissioned by Angus Council on behalf of the Angus Protecting People Chief Officers Group, following a recommendation from the Angus Adult Protection Committee, to identify and maximise any opportunities for local and national learning and improvement.

P19's family has contributed to this review and been kept updated throughout the process. P19 is not publicly identified in this review and the family very much want to retain their anonymity.



There were 59 recommendations made from the review and these were accepted in full by AAPC. Some actions were taken towards the recommendations before the publication of the SCR and a mandated subgroup established soon after. Significant work has since progressed on the recommendations which impact on local and national policy and practice. P19 together with other identified improvements form the basis for the work of committee over the next period.

AAPC have also progressed Initial Learning Reviews A20, A21 and B21 during the period and used these opportunities to engage with staff and merge learning into the wider improvement plans already in place.

### 3.3 Policy and Practice Subgroup

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

During 2020/21, the focus of the subgroup has been on developing a workplan for the group to progress key actions attributed to the subgroup from the APC 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.

A series of Network of Support sessions provided an opportunity to discuss a number of real-life practice issues led by the staff involved in the case and opportunity to discuss emerging themes, what worked well and the outcomes for the adult. Such activities are essential to continuing to create a learning culture and opportunity for respectful professional challenge across the multiagency partnership.

### 3.4 Financial Harm Sub Committee (FHSC)

The Financial Harm Sub Committee Annual Delivery and Improvement Plan has two key objectives; Crime Prevention and Gathering of Intelligence for Enforcement Key partnership activities include:

- Raising awareness of the different types of frauds and scams
- Supporting victims of financial harm and those deemed at risk of financial harm
- Empowering Angus people to protect themselves from financial harm

The continued disruptive effect of the Covid pandemic has been significant. Attendance at monthly meetings has fallen and it has still not been possible to arrange any community awareness raising events. However, partners continue to do good work on an individual basis to promote, publicise and raise awareness surrounding frauds and scams. This has been very much on a one-to-one basis or via mainstream media and social media.

There has been a rise in scam and fraud warnings at a national level and this is a welcome development. For example, NHS and other organisations regularly issue warnings about Covid vaccination text scams. There is a risk in the reliance on social media messaging in that not everyone is engaged with this type of messaging, and opportunities to engage in face-to-face meetings in communities has been limited compared to previous years. Work is now taking place to get back to participating in face-to-face activities.

The dedicated @scamfreeangus twitter account has seen a very slight fall in followers in the last year. A variety of warning messages have been posted from retweeted scam briefings to campaigns. There have also been warnings issued following local complaints and reported issues.

Reported incidents of fraud have remained at a high level as the pandemic continues to restrict people's activities as people spend more time at home increasingly being targeted by telephone, email, or digital means. There continues to be a wide variety of fraud types being reported to the enforcement agencies. These include Doorstep Crime, Romance Fraud, Suspicious Transactions, Coercion/Exploitation and Social Engineering (Attempts to obtain confidential information)

The Banking Protocol continues to be an effective initiative. The Protocol has been used to prevent significant losses by Angus residents with Bank staff showing care and concern for vulnerable customers at risk of significant fraud by rogue traders. Police Scotland in Angus have been able to attend at an early stage and deal with rogue traders while the customer is supported by bank staff and relevant Financial Harm Sub Committee partners, often with a referral to a Financial Abuse Support Team (FAST) meeting.

The FAST is successfully dealing with referrals from agencies across Angus. The system has proven itself over several years to be a successful way of bringing together relevant agencies to discuss a case and agree initial actions. This has included financial advice, technology, welfare support and enforcement actions where appropriate.

### 3.5 Self-neglect and hoarding

A session for multi-agency staff around self-neglect and hoarding was delivered 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 have staff trained as Hoarding Champions by Lifepod. The Protecting People Team alongside Tayside colleagues will update the Protocol in 2023 and develop and deliver digital learning sessions which will sit alongside a short PPA film on "Self-Neglect and Hoarding" serving to reinforce the Tayside Practitioners Guidance.

### 3.6 Angus Health and Social Care Partnership (AHSCP)

AHSCP undertook a single agency large scale audit in adult protection across all adult services within the Angus Health and Social Care Partnership between August and November 2020. The audit was a recommendation following a practice issue 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.

Two Adult Support and Protection Action Plans are being progressed within AHSCP: The first is the previously noted APIP, which follows the areas for improvement deriving from the HSCP Adult Support and Protection audit (November 2020), AAPC SCR 018, and the whistleblowing report (2020). The second arises from the areas for improvement from the AAPC SCR P19. There is an internal monitoring structure in place within the partnership which respectively contributes to the Committee oversight of both multi-agency action plans.

In the autumn and winter of 2019/20, an independent review of Adults with Incapacity/Guardianship work in the AHSCP Community Mental Health Under 65's service was undertaken by a service manager from Aberdeenshire HSCP. The independent review concluded in February 2020 and made a series of recommendations for improvements, some of which were in response to concerns about adult protection. An implementation plan was developed and, following some delay caused by the Covid pandemic, was implemented. The Angus Chief Officer Group (COG) for public protection received progress reports regarding implementation.

In the early summer of 2020, concerns were expressed about the decision-making in specific cases within the Community Mental Health Under 65's teams and in AIDARS. The COG was concerned that these cases may have had similar themes to those identified in Significant Case Reviews. Considerable work took place across NHS and AHSCP to review the cases and provide assurance on the practice and outcomes for the adults involved, the conclusion of which was that the Adult Protection cases raised had the appropriate level of health and social care support and intervention. There were some aspects for further consideration and an action plan was developed to progress the identified recommendations.

### **Large scale audit of care management activity in Adult Protection**

In August 2020, the Head of Community Health and Care Services (South), with the agreement of the Chief Officer of the AHSCP, instructed that a large-scale audit of care management activity in adult protection be carried out following concerns arising in one specific service, as described above. Audit work was carried out in ninety-six cases between August and October 2020.

The scope and key findings of this single agency audit of Adult Support and Protection (ASP) cases open between 2017 and November 2020 is described below. It was noted that the findings only related to the specific files that were submitted for audit and that, within this sample, the applicable data was at times limited because full ASP processes were not necessary in every individual case. However, the findings did provide a reliable picture of strengths and areas where improvements could be made in Adult Support and Protection practice in Angus.

#### Services in Scope:

- a) Older People's Service and CMHT - over 65's
- b) Learning Disabilities and Physical Disabilities
- c) CMHT - under 65's
- d) Angus Integrated Drug and Alcohol Recovery Services (AIDARS)

#### Cases in Scope:

- 1 New ASP referrals and investigations
- 2 Registered ASP cases
- 3 Large Scale Investigations.
- 4 Police Adult Concern reports.
- 5 ASP referrals from sources other than the police
- 6 ASP referrals allocated via the Early Screening Group
- 7 Review of new referral process introduced in December 2019

#### Key findings:

Findings were linked to the quality indicators in the Adult Support and Protection Quality Indicator Framework (2020):

#### Key Strengths

- Adult protection processes were found to have reduced risk and improved the lives of service users in 87% of cases audited where this could reasonably be expected.

- There were many examples in the Adult Support and Protection paperwork of good, very good, and excellent inter-agency and inter-professional information sharing in every service area.
- The incoming referral system (introduced in December 2019) was found to have provided the majority of people with timely access to appropriate services.
- Overall, once a person was deemed to be an “adult at risk”, it was clear that professionals worked more effectively together.
- Advocacy was offered in 80% of cases.

#### Key areas for development

- The systems supporting information sharing were fragmented and therefore did not support effective collaboration.
- Compliance with target timescales for duty to inquire, investigation, and ASP case conference were met in only around half of the applicable cases. Two thirds of core groups were held more than a month after conference.
- The use of chronologies was limited, and their timing, style and content was variable. Where present, chronologies were usually written as part of the ASP1 (Adult Protection Report).
- Sometimes IRDs or case conferences appeared to be triggered by the number of police concern reports received rather than a decision relating clearly to actual risk.
- 94% of case conferences were not attended by all the relevant health professionals who were invited
- The evidence available illustrating management oversight of cases was very limited.
- The rationale for decision making in ESG was not always evident and the coding system of recording was found to be inaccessible to workers. Action on some incoming referrals needed to be taken earlier.
- There was a lack of reliable data for Adult Protection staff training records in the Partnership.
- There was a general need for an understanding across the partnership of outcome focussed planning to move away from systems-led practice and towards earlier intervention.

The audit concluded with a series of recommendations to improve ASP practice in Angus, specifically, but not exclusively, in social work care management. Four feedback sessions were held with care managers and team managers to discuss the audit findings and to seek feedback. This feedback was incorporated into the final report. Service Leaders progressed any “quick wins” or matters of urgency with their teams. The recommendations and improvement actions were incorporated into a thematic improvement plan which included recommendations from the independent report referred to above, and recent SCRs/ICRs.

The approach described addressed the following themes: professional learning and training; systems and processes; information sharing; risk management; early intervention; case supervision and oversight; and working with service users, families, and support networks

The Integrated Joint Board (IJB) and AAPC were asked to note the concerns that had emerged from one area of care management activity in adult support and protection, and the further work which was undertaken to provide senior managers, the Chief Social Work Officer (CSWO), the AAPC and the COG with assurance that adult protection work was of a good standard overall. Whilst an audit of the scale of the one described will always identify improvement areas, the responsible governance groups were able to obtain assurance that adult protection work in Angus was of a good standard.

### **Adult Protection quality assurance**

Steps were taken in 2019/20 to strengthen the existing programme of audit activity within care management and on behalf of the AAPC. It is intended to strengthen the reporting programme into the AAPC and this work has commenced, beginning with a particular focus on care management standards.

Highlighted by the impact of Covid, but more generally in response to an underlying trend of increasing adult support and protection activity in the AHSCP, the Head of Community Health and Care Services initiated a review of demand and capacity in the Adult Protection Officer service. This led to the recruitment of an additional ASP Review Officer.

### 3.7 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 AP 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.

Whilst the last 2 years have been challenging, adult protection remained a key priority across NHS Tayside and the wider multiagency partnerships. Some of the work undertaken has included:

- Development of a Tayside Capacity Pathway to help inform whether an adult requires a formal assessment of their capacity for decision making. This pathway is designed to support professionals to consider key factors relating to an adult's capacity at an early point and record that information
- Input into a range of multiagency audits and activity as part of ongoing multiagency work to inform the continual improvement programme and Business Plans of the locality Adult Protection Committees and NHS Tayside
- Adult Protection Advisors (and wider NHS Tayside staff) increasingly identified as second worker within adult protection investigations to support the interview process with the adult which allows for a more flexible and person-centred approach to interviews



## 3.8 Police Scotland

The dedicated Police Adult Protection Co-Ordinator for Angus continues to support partners through information sharing, participation and contribution to ASP IRDs, including associated risk management and case conference. The co-ordinator has been integral to the delivery of adult protection across Angus.

They have developed and led training for the HSCP, focusing on Police response to incidents in a care establishment/hospital setting following on from concerns raised regarding roles and responsibilities and escalation protocol from the Large Scale Investigation (LSI). This work is overseen by the Detective Inspector for the Tayside Division Risk and Concern Hub, as core participant to the Angus APC.

Mandatory ASP online training has been delivered nationally to frontline officers, building on work developed in Angus in regards self-neglect and hoarding.

The recommendations of the recent P19 SCR has led directly to the implementation of a 'flagging system' on the National Case system to highlight to the Procurator Fiscal, those persons open to Adult Support and Protection.

Police form part of the 'Non-Fatal' Overdose group, which meets twice weekly to discuss those persons assessed as at risk of drug related death, and co-ordinates outreach and support work.

Police are also represented at the Angus FAST Meetings which seek to minimise the risk of financial harm to citizens of Angus.

## 3.9 Housing

Housing have continued to be represented at the AAPC over the biennial report period and have progressed work in a number of areas:

### **Rapid Rehousing Transition Plan**

Work has progressed against several actions identified within the Rapid Rehousing Transition Plan (RTTP). We are continuing to see a year-on-year reduction in homeless applications in Angus and the number of households accessing temporary accommodation has also reduced significantly in the last year. The average length of

time in temporary homeless accommodation reduced from 182 days in 2020/21 to 150 days in 2021/22 and is lower than pre pandemic levels

The Family Mediation and Conflict Resolution Service, delivered by Relationship Scotland, have struggled to embed into general referral pathways and processes in Angus, despite significant efforts going into awareness raising, networking and promotion across services. There remains a requirement for mediation and conflict resolution intervention in Angus and this is currently under review.

The housing service and Angus Health and Social Care Partnership have agreed to a service review with the view of establishing a new team alongside the Homelessness Support Service within the Angus Health and Social Care Partnership, to deliver the homelessness functions currently sitting as part of the generic Housing Officer role within the three Community Housing Teams.

### **Housing First**

At the end of the reporting period we had 16 individuals who have experienced repeat homelessness and significant complex support needs being supported by Housing First with good engagement and positive outcomes. An annual check-up has been completed, supported by Homeless Network Scotland, which identified several areas of positive practice and some areas for development. Both support workers posts have now been made permanent however there is still a need to consider longer term funding and upscaling of the service. The future delivery of Housing First depends on the review of supported homeless accommodation where the aim is to redirect resources away from short term accommodation to longer term specialist supported housing and Housing First.

### **Housing staff training**

All housing and rent arrears officers are to complete mandatory awareness level training in adult (and child) protection by 1 December 2022 and revisit this annually. To ensure that relevant chronologies are shared, as appropriate, by Housing when making a referral a report has been set up in the housing management system to extract information from housing chronologies. Chronologies guidance for officers is included within protecting people housing guidance and has been updated to ensure officers are aware to include relevant chronology information in referral. Chronologies training is also offered to Housing Officers as the need arises.

### 3.10 Scottish Ambulance Service (SAS)

Work was undertaken across Protecting People Angus with the Scottish Ambulance Service to undertake a test of change using a referral for individuals at risk, with clear pathways for referrals. This also included bespoke protecting people awareness raising sessions for local SAS staff, which took place in the later part of 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.

## 4 Training, learning and development

### **Protecting People Angus Workforce Learning and Development Subgroup**

Since being set up in 2019, the Protecting People Workforce Learning and development subgroup has developed and evolved its approach to maximise the use of resources to best effect.

The ethos of this group is to utilise nationally or regionally available resource wherever possible, enabling local resource to focus on providing specialist and bespoke learning, tailored to the needs of the workforce.

To support this approach during 20/21, a learning and development framework was developed which signposts the workforce to a wide range of quality assured learning resources that cover the full range of protecting people topics. The framework is updated every 2-months to ensure it always reflects the latest relevant learning.

Following the Covid pandemic, a range of training sessions were made available either virtually or via e-learning. Where required the content and format was adapted to allow the learning to be effectively delivered on a virtual platform (Microsoft Teams). These form the basis of a core learning programme and included:

- Coercive Control
- Working with perpetrators
- Roles and Responsibilities within Adult Protection
- Information Sharing within Adult Protection (which includes an hour long GDPR input from the Information Commissioners Office in Edinburgh)
- Assessing Risk in Adult Protection
- Defensible Decision Making
- Adult Support & Protection - Basic Awareness
- Providing Remote Support & Supervision

In response to feedback received about the way learning was advertised and promoted, a PPA learning, and development newsletter had been created. Issued monthly, the newsletter ensures information on upcoming learning goes directly to frontline members of the workforce.

An evaluation process has been developed which will be applied to classroom style learning sessions (whether delivered virtually or face-to-face). The process has two components – an immediate evaluation which will be undertaken at the end of the event and an impact evaluation which will be undertaken 3-month post each event. The aim of this is to gather data which allows learning to be refined and developed to ensure it is providing what the workforce needs and is having a positive impact on practice.

Learning packs are developed following the publication of SCRs in Angus. These are designed using the 7-minute briefing model and made available both as a direct delivery session and for team managers and practitioners across multiagency services to deliver directly to their teams. This resource provides a rich source of learning and informal feedback following their use is positive.

A session focussing on self-neglect and hoarding was delivered in February 2020 in partnership with Scottish Fire and Rescue Service.

General level Adults with Incapacity training has been developed using a blended model with specific level training being under development. Crossing the Acts training has also been developed and is being prepared to be delivered in a blended model with Tayside colleagues.

In 2021, the AAPC hosted multi-agency information sessions in the week leading up to Adult Protection Day and also increased social media presence. Social media communication included photographs of staff who work across various roles protecting adults in Angus and information as to how to report concerns in local communities. A range of single agency/multiagency and Tayside training has been developed via the Minimum Learning Standard Framework. The dedicated Police Adult Protection Officer has developed and led training for the HSCP focusing on Police response to incidents in a care establishment/hospital setting following on from concerns raised regarding roles and responsibilities, escalation protocol, etc from an LSI.

The Learning and Development subgroup is committed to continuing to develop and provide a range of opportunities for the workforce. One example of this is a pilot of communities of practice across Angus which will begin during 2022/23.

## 5 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.

## 5.1 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.

Involvement and Engagement continues to be a priority for AAPC and will progress in 2022/23. A draft Service user and Participation Strategy is currently being developed and has been present to the committee. Again, work on this was slower than anticipated due to the pandemic. As we begin to move into the pandemic recovery phase and face to face meetings are permitted once again, the AAPC will move forward with the engagement plan to hear the voice of those with lived experience within committee business.

## 5.2 Angus Independent Advocacy

Angus Independent Advocacy has continued to provide support to individuals affected by Adult Support & Protection. We saw a sharp rise in referrals for Adult Support & Protection during 2020/21 (+300%) with referrals remaining high throughout 2021/22. During the period Independent Advocates attended Case Conferences both online and in person, and where they could not attend supported partners submitted views ahead of meetings. For some advocacy partners, participating online made it easier for them to speak up about their views.

“ I want to thank you and let you know how much I appreciate your support and patience...it means a lot to me and I wouldn't have got to where I am now in this process without your support and information.

**Advocacy Partner**

AIA has continued to contribute to the Adult Protection Committee and relevant subgroups to ensure that Independent Advocacy and the voice of lived experience remains at the centre of ASP processes. AIA also worked alongside Protecting People Angus to develop a Service User Participation learning pack which will be available for multi-agency practitioners.

### 5.3 Adult Protection Day

As mentioned above, 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.

Information sessions were held digitally 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 these, the AAPC is in support of having a week of awareness raising in February each year in the lead up to Adult Protection Day.

This commitment to awareness raising for multi-agency staff and the public continued during 2022, when a week of online sessions were held in the run up to the day. A Special Edition newsletter with all things Adult Protection was also released to the workforce via the Workforce Learning and Development subgroup.

It is hoped that for Adult Protection Day 2023 we can host some in person sessions and deliver public awareness raising sessions now that the pandemic restrictions are lifted.

## 6 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.

### **Workload pressures on the multi-agency workforce**

The Covid pandemic and recovery period has seen significant pressures placed on the multi-agency Adult Protection workforce. With little route for engagement with the wider public who are not known to services during the lockdown period, there may be a further increase on pressure on services as they begin to open back up and see new referrals coming through.



## 7 Looking forward

As noted above, AAPC have identified priorities within the Strategic Plan 2020/23.

### **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 in early 2023 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.

The national dataset will be implemented by the SECI when it is launched in 2023. 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; this would also allow the AAPC to compare data with other local authorities.

Additional self-evaluation activity by means of Network of Support events, practice reviews and case reviews will also continue to be a focus for the AAPC during 2022/23.

### **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.

There are ten short life working groups some of which have significant cross over and the intention is to streamline these where we can and devise an overall Improvement plan for Transitions.

The Transitions Group will continue to take forward this priority area during 2022/23.

The Strategic Plan for AAPC for 2020/23 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 Adult Protection Inspections. The new plan remains flexible to consider any ongoing or future impact from the Covid pandemic.

Work will continue 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 APC into the wider Public Protection Partnerships by sharing priorities, maximising opportunity for joint working and minimising duplication.

# Appendix 1

## Glossary of acronyms for Adult Protection Committee

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
AIDARS	Angus Integrated Drug and Alcohol Recovery Service
APC	Adult Protection Committee
AVAWP	Angus Violence Against Women Partnership
CLOG	Chairs and Lead Officers
COG	Angus Chief Officer Group
CP	Child Protection
CSWO	Chief Social Work Officer
ESG	Early Screening Group
FAST	Financial Abuse Support Team
FHSC	Financial Harm Sub Committee
GDPR	General Data Protection Regulation
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
OPG	Office of the Public Guardian

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
WTE	Whole Time Equivalent