

Aberdeen City Adult Protection Committee

Biennial Report 2014-2016





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SECTION 1.

Convenor's Foreword

As Independent Convenor of the Aberdeen City Adult Protection Committee, it is my privilege to submit the fourth Biennial Report in terms of Section 46 of the Adult Support and Protection (Scotland) Act 2007 which reflects the work of the Committee during the period 1 April 2014 to 31 March 2016.

As I have described in previous Biennial Reports, a fundamental element of keeping adults in Aberdeen City safe from harm is effective and committed partnership working and the strength of this remains very much in evidence. Although Aberdeen City Council has statutory responsibility for adult support and protection, it is supported by a range of partners from other bodies.

At times, it has been difficult for some partners to commit to regular attendance at Committee meetings but nevertheless, their efforts and those of their staff remains positive.

Although the Committee has no service user or carer representation, primarily because it is difficult to expect an individual to be the voice of such a wide and diverse range of people, work continues to reach this group and links with Advocacy and the Third Sector are helpful in this regard.

Mention must be made of the positive contribution made to the support of adults at risk of harm by GP representatives on the Committee. Not only has there been regular attendance at Committee meetings by GPs, but their work in promoting Adult Support and Protection among colleagues is acknowledged and appreciated. Acting as a conduit through which concerns requiring GP involvement can be addressed has been particularly useful, as was the organisation of a workshop and seminar for GP colleagues and other health professionals.

In my previous report, I commented on the need for increased awareness of adult support and protection by the public, and this remains the case. National and local initiatives carried out on a regular basis continue to be important and I believe this will remain a priority in the Committee's future work.

On a national basis, the National Adult Protection Co-ordinator continues to be a valuable resource in formulating and disseminating good practice, but it is disappointing the Scottish Government led National Policy Forum has ceased to exist. In my view, its dissolution has created

a gap in leading and directing national policy on Adult Support and Protection.

Between November 2015 and February 2016, a joint inspection of Older People's Services in Aberdeen was carried out by the Care Inspectorate and Healthcare Improvement Scotland. The inspection was carried out at a time of major change in respect of the integration of health and social care services. In relation specifically to Adult Support and Protection, case file reading highlighted that in a very small number of instances there had been delays in clear timescales in the completion of initial inquiries and a lack of clarity as to when investigations needed to be progressed to a case conference. It was also found that Council Officers were not always supported by partners. On occasions there were delays from Police completing enquiries or by health staff not completing capacity assessments promptly. It was observed that these delays potentially could have left a few older people at risk over a protracted period.

When this was highlighted to the Health and Social Care Partnership at an early stage of the inspection process, immediate, decisive and positive action was taken and an external review of all adult protection cases was commissioned – 91 open and 25 closed files were reviewed. This review showed a more positive picture when all of these cases were scrutinised and following on from this, a series of actions have been taken to address shortcomings, none of which were systemic in nature.

The findings of the joint inspection recommended that the Health and Social Care Partnership should work with

the Adult Protection Committee to support improvement and the actions taken thus far, and those proposed for the future, have been discussed at a meeting of the Adult Protection Committee. It has sought regular updates on progress to ensure oversight of the work being undertaken and to gain reassurance that appropriate improvement and governance measures are in place as a result of the joint inspection and the external review.

Looking ahead, the Committee will strive to ensure that all partners are fulfilling their responsibilities so that adults in our society who are at risk of harm are supported and protected and that appropriate measures are in place to do so.

Finally, I wish to record my appreciation to Committee members, and to the staff of the Adult Protection Unit, for their efforts and for the support which has been provided to me.

Albert J Donald
Independent Convenor
October 2016

SECTION 1.

Introduction



WHO WE ARE

There have been a number of significant developments in the work we undertake as a partnership to protect and support the citizens of Aberdeen who are at risk of harm in the years since the Aberdeen City Adult Protection Committee (APC) was established. The APC is made up of key partners to deliver on responsibilities for Adult Support and Protection in Aberdeen. The APC shares an Independent Convener with Aberdeenshire and Moray APCs and adheres to the Grampian Interagency Policy and Procedure for the Support and Protection of Adults at Risk of Harm. This policy forms the framework to enable a consistent and appropriate response to situations where an adult may be at risk of harm.

http://www.aberdeencity.gov.uk/web/files/SocialWork/gramp_asp_policy_2012.pdf

We continue to work to improve the effectiveness of our partnership response to adult support and protection issues in Aberdeen. A variety of means and continuing efforts are made to promote awareness. The success of this work is reflected in the increased number of referrals from individuals themselves, family members, the public, care homes, care at home staff, NHS staff, Fire and Rescue Service staff, housing and social work staff, the third sector and the Scottish Ambulance Service.

Revision of the Adult Support and Protection policy and procedures is undertaken on behalf of the three Grampian APCs by members of the Grampian Adult Protection Working Group (GAPWG), on which all the key partners sit and which reports to each of the three APCs.

The revised 'Code of Practice for the Adult Support and Protection (Scotland) Act 2007' was published in May 2014. A practice note was circulated by the Adult Protection Unit (APU) to all Council Officers who conduct inquiries and investigations, highlighting the implications arising from the revisions in the code. The Significant Case Review Protocol was also revised in April 2016 and agreed by all three APCs. This ensures a clear and consistent approach to dealing with Significant Case Reviews.

ADULT PROTECTION UNIT (APU)

The APU is managed by the APU Coordinator who sets the operational priorities for the unit. The unit is responsible for data collection and analysis, ASP administration and ASP training across the Council and to external agencies. The Coordinator also has an important advisory role for both immediate colleagues and partners.

All social work fieldwork staff working within the Health and Social Care Partnership who meet the criteria set out in the Act are required to train as Council Officers. Currently Aberdeen City has 120 Council Officers able to discharge duties and responsibilities as defined in the 2007 legislation.

Protecting adults from harm is a high priority in Aberdeen. To achieve this we strive to raise awareness, identify and support adults at risk.

SECTION 2.

Risk and Harm in Aberdeen

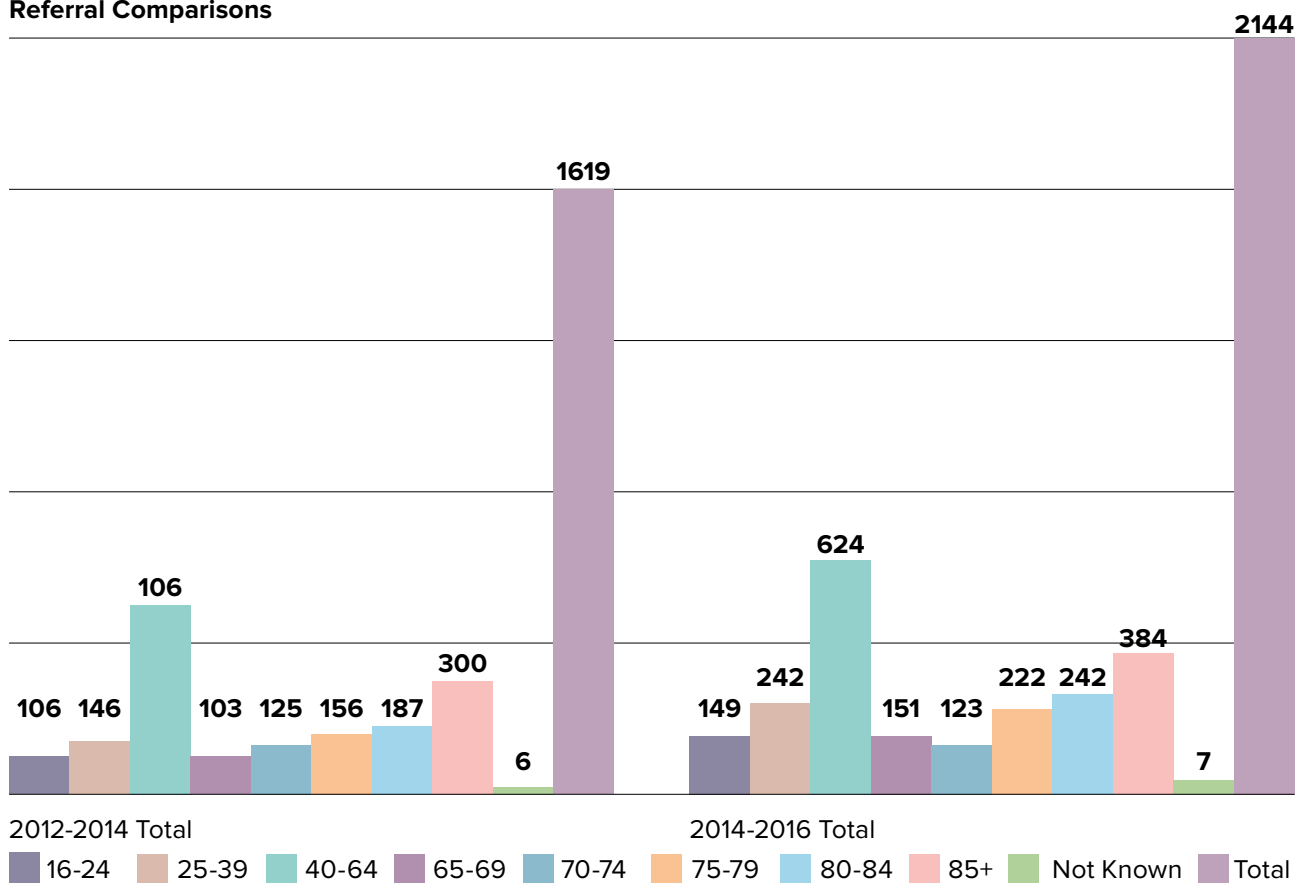
2.1 Referrals

Over the period from April 2014 to March 2016, 2,144 referrals were received by the Adult Protection Unit. This is a 32% increase from the last reporting period, 2012-2014, when 1,619 referrals were submitted. The largest age group

for referrals is between 40-64 years, which accounted for 624 referrals. It is interesting that the biggest increase by age group is in the age bracket 25-39, which increased by 65%, with a total of 242 referrals.

Referral rates for adults aged 70 and over has reduced by 18% over the last 2 reporting periods for males but has increased by 13% for females

Referral Comparisons



2.2 Source

The largest source of referral is Police Scotland, with a total of 341 reports submitted. This is a 42% increase from the last reporting period. Care at home provided the second highest number of reports, which equated to 283 of the referrals. There has been a positive increase in the referrals from Scottish Ambulance Service (SAS) (48) and Scottish Fire and Rescue Service (SFRS) (47), which can be seen as an outcome of the targeted training

provided to these partners to increase awareness and confidence to report adult protection concerns.

With regards to health there has been an increase in GP referrals and a significant increase from primary care; 112 as opposed to 60 reports in the previous period. The acute sector has seen a 26% drop in referrals, which is an area that we will be focusing on during the next reporting period.

Referral Source

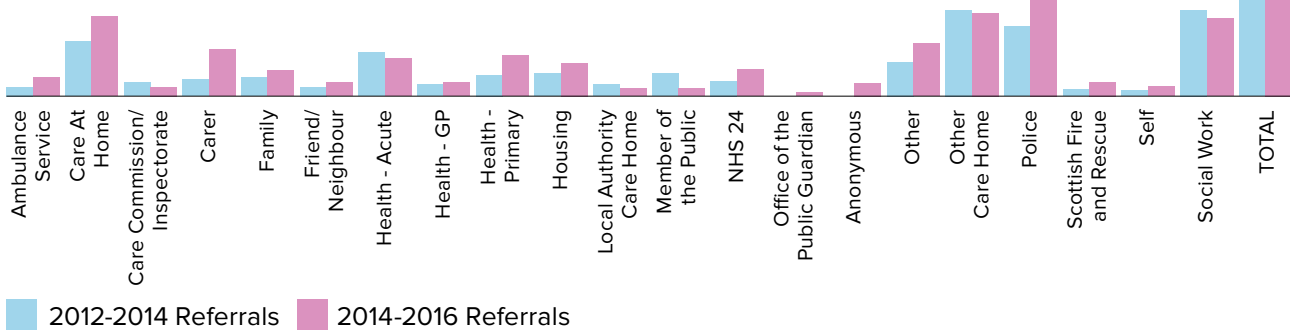
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OPG label was not present in 12-14

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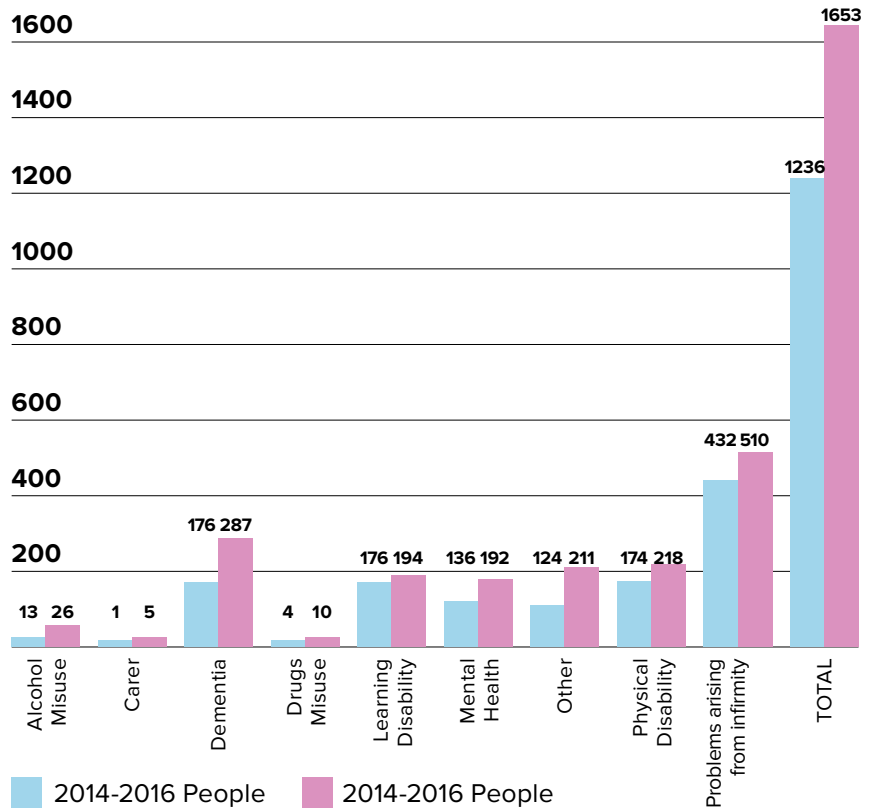
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2.3 Client Group

The largest client category is infirmity due to age. This has consistently been the highest among the client groups, with 510 reports being received. This period has also seen an increase in reports for people with dementia; with 287 being submitted compared to 176 during 2012-2014. There has been a lot of work undertaken in relation to improving pathways for people with dementia with events being held in Aberdeen. The APU was part of these events raising the profile of adult protection. This may be the reason why there has been an increase in referrals within this client group.

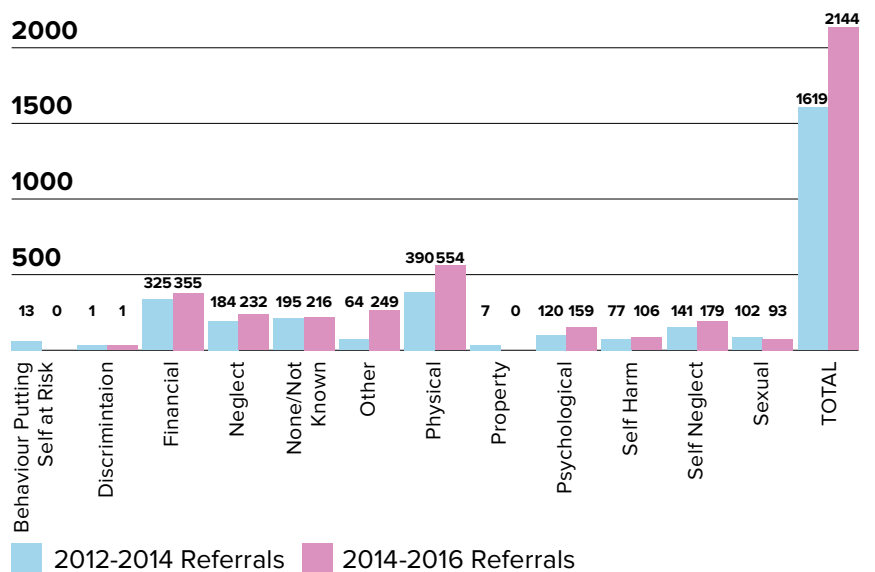
Client Grouping
1800



2.4 Harm

Physical harm remains the single most reported reason for adults at risk; and the largest increase within this period. 2014-2016 saw a 42% increase, featuring in 554 of the reports made. The second highest is financial harm, which has continued to rise over the previous years, with 355 of the reports received related to this type of harm.

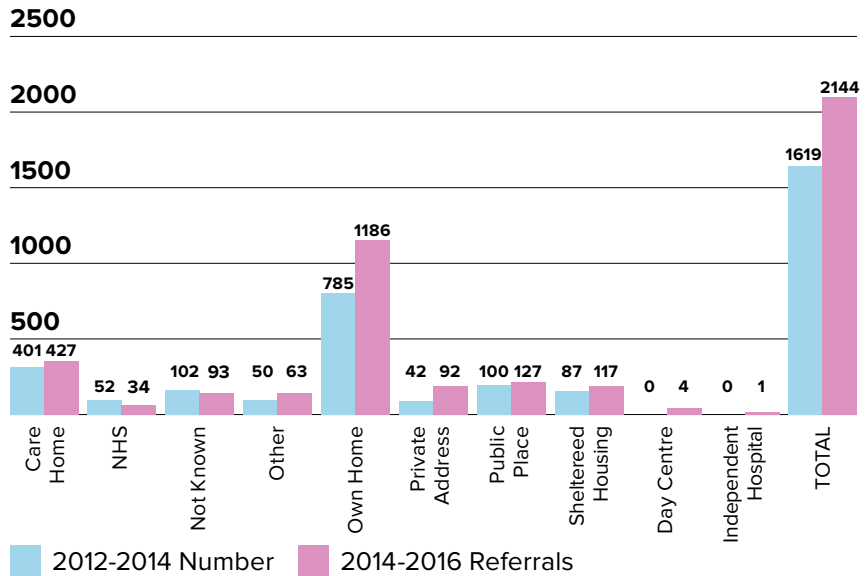
Harm
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2.5 Location

The most common location for harm to take place was in people’s own homes. This has increased by 51% with a total of 1,186 such incidents reported. The second highest incidence in terms of place was in care homes, with 427 of referrals, which is a 6% increase from the previous reporting period.

Location Of Harm



2.6 Outcomes

The Adult Support and Protection (Scotland) Act 2007 defines an ‘adult at risk’ as a person aged 16 years or over and who can meet the three point test:

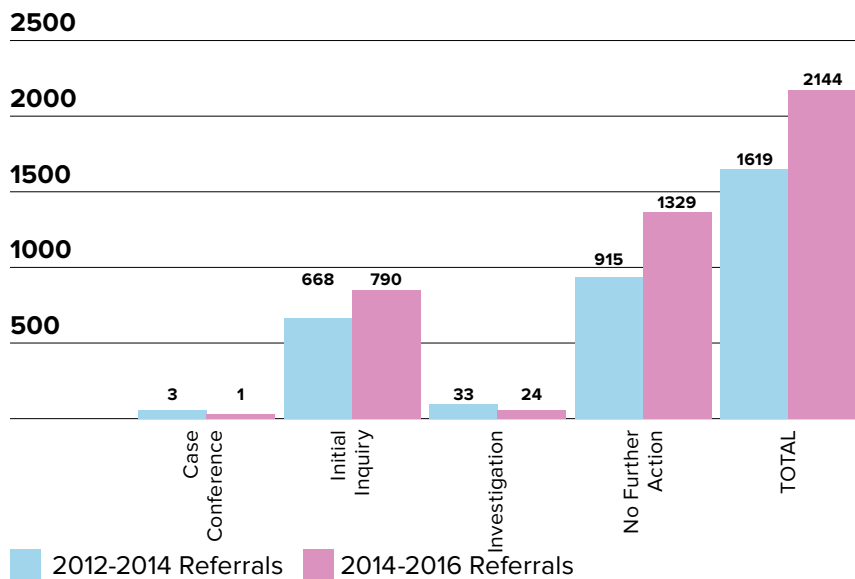
- is unable to safeguard her/his own well-being, property, rights or other interests; and
- is at risk of harm; and
- because they are affected by disability, mental disorder, illness, or physical or mental infirmity are more vulnerable to being harmed than adults who are not so affected.

For those who do not meet the three point test, it would be deemed as No Further Action under the Act and a referral would therefore be made to an appropriate service for support if required. This includes providing information on community supports, where appropriate.

There has been a notable increase in No Further Action (for adult support and protection), 45% (414). The reason for this is understandable, given the increase in referral rates and a result of other measures being put in place to keep people safe from harm.

Outcome	12-14	14-16	Change +/-
Case Conference	3	1	-66.67%
Initial Inquiry	668	790	18.26%
Investigation	33	24	-27.27%
No Further Action	915	1329	45.25%
TOTAL	1619	2144	32.43%

Referral Outcome



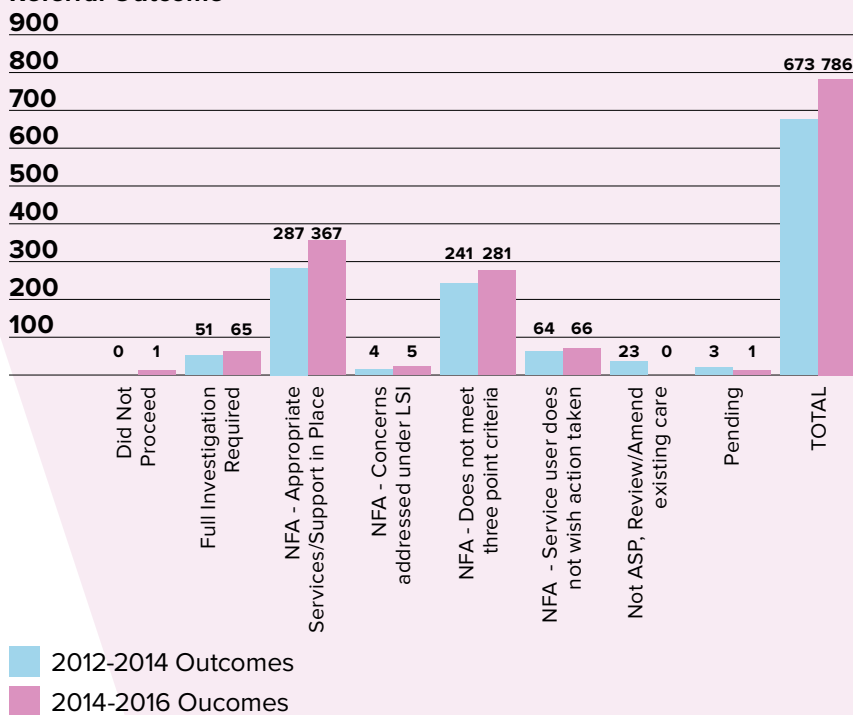
Only one referral during the period was assessed as serious enough to go straight to case conference, as opposed to 3 in the last reporting period. A case conference is a multi-disciplinary/

agency meeting at which information regarding alleged risk/harm can be shared with the intention of safeguarding the adult from further harm.

INQUIRIES: A 16.7% increase in inquiries over the 2 periods.

Outcome	2012-14	2014-16	Change +/-
Did not proceed	0	1	0.00%
Full investigation required	51	66	29.41%
NFA - Appropriate Services/ Support in Place	287	367	27.87%
NFA - Concerns addressed under LSI	4	5	25.00%
NFA - Does not meet three point criteria	241	281	16.60%
NFA - Service user does not wish action taken	64	66	3.13%
Not ASP, Review/Amend existing care	23	0	-100.00%
Pending	3	0	-100.00%
TOTAL	673	786	16.79%

Referral Outcome



The remainder of referrals are often redirected to social work services for assessment and support or to other relevant services/agencies. There is clear evidence from local audits that provision of immediate support at Initial Inquiry stage often addresses risk of harm at an early point, thereby reducing the need for more substantive ASP intervention in accordance with the principles of the Adult Support and Protection (Scotland) Act 2007; the principles of ‘most beneficial’ and ‘least restrictive’.



SECTION 3.

Performance



At a national level the 5 national priorities were reported as complete to the Adult Protection Policy Forum in May 2014, when recommendations were made for future action. This was discussed by the APC and the decision taken to renew our commitment to continue to deliver on each of the priorities and recommendations. This is evidenced through the work that has been undertaken over the past 2 years.

3.1 Financial Harm

Financial harm is consistently the second highest type of harm reported. In response to this, and to aid in the completion of tasks on the APC Action Plan, a Grampian-wide Financial Harm Sub-group was formed in February 2015. The group consists of members from Aberdeen City Council Adult Protection Unit and Trading Standards, North East Credit Union, Citizens Advice Scotland, Royal Bank of Scotland, the Third Sector, Police Scotland Crime Reduction Officers and is chaired by the Police Adult Protection Co-ordinator. The aim of the group is to raise awareness of financial harm through working with both public and private organisations, hosting events, and participating in planned initiatives. Since its foundation, the group have held six awareness raising sessions, which have been open to a range of agencies and organisations, including lawyers, banks and other financial institutions. Group members have also taken part in numerous initiatives.

The Financial Harm Sub-group will continue to work with both the public and private sector to raise awareness, with an emphasis continuing to be placed on the financial sector and post offices

EVENTS

In May 2014 and again in February 2016, two half day events were held to raise awareness of financial harm. These were aimed at professionals working with adults who may be at risk of harm. Presentations were given by staff from Adult Protection, the Office of the Public Guardian, Trading Standards and the Royal Bank of Scotland. These events were very well attended and very well evaluated. Consideration is to be given to holding more such events in the future.

Case study

At the start of 2014 information was received from the National Scams Hub indicating that over 350 individuals in Aberdeen had been targeted by criminals trying to defraud the consumers by way of mail and phone scams. These individuals were then either contacted in person or by letter in an attempt to raise awareness and give appropriate advice. One individual was discovered to have sent hundreds of small value cheques of less than £50 to numerous different persons/companies based in various countries. Aberdeen City Trading Standards identified that a large number of cheques that had been written to 38 different payees were banked via an international payments processor based in Canada. After making contact with this company they discovered that over £20,000 of the individuals money had been processed through their company which they agreed to refund.

Trading Standards provide up to date awareness, guidance and materials to the APU Trainer as financial harm awareness is an integral part of adult support and protection courses. Multi agency collaborative work is evident for financial harm. Opportunities of raising awareness alongside related national campaigns were made early in 2015 and 2016, when thousands of leaflets and hundreds of posters were distributed widely throughout the city.

TRAINING/AWARENESS RAISING

The Adult Protection Co-ordinators from Aberdeen City Council and Police Scotland undertook a staff awareness-raising session at an Aberdeen branch of the Royal Bank of Scotland, where staff were advised of potential signs of customers being financially harmed and how they could potentially discover financial harm through chatting with customers who are undertaking unusual financial transactions. Staff have also taken part in events held at Aberdeen branches of the Royal Bank of Scotland which promote safety in general. Adult Protection staff were on hand to discuss concerns, whilst Trading Standards staff were also in attendance offering advice on 'scams'.

Aberdeen City Council have a number of call blocking devices available to individuals who are being affected by nuisance calls. 12 of these are currently in use in Aberdeen. These devices are extremely effective in blocking nuisance calls whilst allowing genuine callers to get through. The devices installed have been active for over 4000 days in total. Of the calls received 10,800 have been identified as nuisance calls with nearly 10,700 of these being blocked. Each device is blocking an average of 79 nuisance calls a month.

In July 2015, Citizens Advice Scotland ran Scam Awareness Month to raise the awareness of scamming and how people could guard against being scammed. This initiative was supplemented by a media strategy which all members of the Financial Harm Sub-group used to re-inforce the message across the whole of the Grampian area.

Operation Monarda is a national initiative run twice yearly with an aim to Beat Doorstep Crime by disrupting bogus workers through educating the public on the dangers of bogus workers and enforcement by stop/checks of work vehicles.

Numerous partners, such as Trading Standards Scotland, VOSA (Vehicle and Operator Services Agency), DVLA, Department of Work and Pensions, HMRC (Her Majesty's Revenue and Customs), Police Scotland and Local Authorities all work together during the week-long initiative. Although not aimed solely at vulnerable or older adults, older people are susceptible and therefore form part of the target group for education.

Issues were raised in the Aberdeen Safety Community Trust bulletin and other neighbourhood watch bulletins.

At every opportunity, updates on financial harm or recent local 'scams' were circulated by Police Scotland Crime Reduction staff and posted on the social media sites of partner agencies with stakeholders being encouraged to further post or re-tweet. This use of social media to raise awareness on local and national financial harm issues will continue.

As mentioned previously, further financial harm events will be held and these will be tailored to suit the concerns at the time. We will continue to encourage financial institutions to be an active partner in the fight against financial harm. Bespoke training was provided to staff in public, private and Third Sector organisations, including the misuse of financial Power of Attorney. This was delivered by the ASP Learning and Development Sub Group.

Scottish Government made several recommendations to continue to support the work to raise awareness of financial harm and to make it 'everyone's business'. One of the recommendations was to develop a national strategy to bring together all partners and to extend support and protection to all persons at risk. Also recommended was a national training programme on financial harm awareness for public, private and third sector agencies. This will be a priority for the Committee over the next 2 years.

Case study

A hospital patient had two visitors who were asking her to sign legal documents and cheques. Staff explained that she was unable to sign any legal documents and unless they had any financial powers they shouldn't be asking her for money. They were asked to leave by staff after continuously asking the patient to sign papers and upsetting her by saying they would leave her in hospital. They then tried to bribe her by saying if she signed the papers they would take her home. Acute Hospital staff reported the matter to APU staff.



50+ FESTIVAL - ONE FOOT IN THE DOOR

The Aberdeen 50+ Festival hosted the 'One Foot in the Door' event in September 2014, which the 'Silver City Surfers' group developed. This was an extremely successful event, which attracted around two hundred people to The Citadel in the Castlegate. It was also an excellent example of effective partnership working, involving the third sector, the public sector and the private sector.

Silver City Surfers, <http://silvercitysurfers.co.uk/> coordinated the planning of the event, which involved: Silver City Surfers, the APU Trainer, the Aberdeen City Council Equalities Strategist, the Deputy Procurator Fiscal and staff from Police Scotland, John Lewis, the Bank of Scotland, Barclays Bank, the Salvation Army, Footprints Connect and Aberdeen City Council Trading Standards. Two students from The Robert Gordon University managed the event.

'Baldybane Theatre Company' enacted several scenarios demonstrating financial harm, for example when two people pressed someone into a roof repair which was not needed. Each scenario was then followed by a positive dramatic presentation on how best to respond to such fraudsters.

This was followed by the actors reading out financial harm scenarios which the APU Co-ordinator had provided, including examples of face to face financial harm, a mail scam and a phone scam.

3.2 Adult Protection in Care Homes and Independent Hospitals

During ASP courses run by the Aberdeen City Adult Protection Unit Trainer, staff from care homes, communities, Housing and Infrastructure staff, the Care Inspectorate, Advocacy and care at home services participate in either the half day ASP Module 1 courses, or the full day Module 2 courses, alongside ACC, Bon Accord Care and third sector staff. This training is well received and positively evaluated.

To support work in the 3 APC areas, NHS Grampian led the development of an ASP Threshold Good Practice Guidelines document which gives advice on when poor practice becomes a concern that requires Adult Support and Protection procedures to be applied.

The guidance is designed to assist managers in determining whether a concern is an example of poor practice requiring action by the care organisation or if it is of a nature that requires to be reported to Adult Support and Protection. Examples are given of each. The document relates to all care settings, including care and support delivered to the adult at home and managed care settings across health and social care in the statutory, voluntary and private sectors. The guidance, alongside good practice and professional judgment, has been effective in supporting decision making.

Evaluation at multi-agency events and workshops has highlighted that these guidelines have had a positive role in supporting multi-agency staff working in Primary Care (including GPs) and those who manage staff in the wide range of care settings. This support, and learning outcomes from large scale investigations, has also led to strengthened consideration of the role of NHS staff. This is contributing to early identification and intervention to support Care Homes to prevent poor practice concerns becoming subject to Adult Protection investigations or large scale investigations.

We work with procurement colleagues to make sure there is more scrutiny of adherence in the contract with care homes. This includes the need for providers to comply with the requirement to train staff appropriately in ASP and to comply with the terms of the Grampian Policy. We are also aware that the Care Inspectorate is changing the way they audit to ensure that ASP is an important part of the inspection process. We have developed a Grampian protocol for large scale investigations and welcome the proposal to introduce a national framework.



LARGE SCALE INVESTIGATIONS

We have developed a Grampian protocol for large scale investigations and over the last reporting period, concerns were raised regarding four care homes and one care at home provider, resulting in Large Scale Investigations. Once investigations are complete, a summary of outcomes is presented to the APC to inform future practice.

The decision to hold Large Scale Investigations is discussed between the Care Inspectorate, senior management and colleagues within the Contracts and Commissioning team. Once the investigation is complete, recommendations for improvement are made and monitored. Joint working arrangements to ensure residents are safe from harm and robust monitoring arrangements will continue to be essential to reduce the instances of harm occurring.

3.3 Adult Protection in Accident and Emergency settings (A&E)

The lead for Adult Protection in NHS Grampian led the work at a national level to address the way in which A&E and other emergency care settings respond to adult protection. Staff record Adult Protection concerns on the NHS Datix system. These reports are monitored to make sure that appropriate action has been taken. This is overseen by the NHS Grampian AP lead.

All recommendations from the work of the national working group on ASP in A&E settings have been delivered across Grampian and ongoing

engagement demonstrates this has been sustained since implementation.

The Practice Educator, who is based within the A&E department in Aberdeen, continues to ensure that all new staff to the department receive bespoke training. Referrals from A&E departments are evidence of the effectiveness of the training. NHS Grampian continues to collaborate with The Robert Gordon University in Aberdeen and Aberdeen University to ensure that the undergraduate curricula in Medicine, Nursing, Dietetics, Occupational Therapy, Physiotherapy and Radiography all include Adult Protection training as part of their mandatory preparation for practice module.

Examples:

A patient admitted to hospital from a Care Home after falling and injuring hip. X-ray showed a femur fracture. The patient had a diagnosis of dementia and stated to Emergency Department staff, then ward staff and medical staff, that a carer in the care home had pushed her, causing the fall. A&E reported this to APU staff.

A patient disclosed to a nurse practitioner that his 'carer' had 'violent tendencies'. A small bruise was noted under his left eye. When asked how this occurred, he stated 'a play fight with my carer got out of hand'. He stated that he had wanted to ask his carer - who lives with him - to leave but was afraid to do so, due to his violent tendencies. He also stated that his carer was stealing food from him. A&E reported this to APU staff.

A patient was admitted from home to hospital by ambulance following a fall. On admission, ambulance staff informed nursing staff that the patient was doubly incontinent but they were unable to clean her in her house due to the lack of equipment and the condition of her home. Ambulance staff showed great concern and expressed the intention to contact social work. On examination, there was evidence of personal neglect and toenails and fingernails appeared to have been unattended for many years. The patient required the assistance of 3 members of staff to attend to her personal hygiene and she appeared to be in a considerable amount of pain. A&E reported these concerns to APU staff.

3.4 Service User and Carer Involvement

The NHS Grampian Speech and Language Therapy staff who support adults with learning disabilities, in collaboration with the ASP Learning & Development Lead, have implemented a training package for service users with additional communication needs called 'Keeping yourself safe from harm'. The training package enables service providers to deliver workshops to service users. The aim is to raise awareness of ASP to adults who are potentially at risk of harm in a way that is sustainable, strengthens third sector partnership working and ownership, and empowers service users to protect themselves. To date, 31 workshops have been held involving 85 service users. The training has been well received by both service providers and service users themselves. The project was shortlisted for an NHS Grampian 'GRAFTAS' (Grampian Recognition Awards for Teams and Staff) in the "innovation" category. As well as recognising the work, the award successfully raised awareness and improved

understanding of the importance of supporting adults at risk of harm to keep themselves safe.

While the use of Advocacy has been actively promoted over the reporting period this remains an area for improvement. It is seen as a priority to ensure independent representation and support of service users within the ASP process. It is also vital that we continue to have the opportunity to gain service users' feedback on the process and use this to help improve practice. All advocates attend the ASP training, including Module 4 – which is mandatory training for Council Officers. This is seen as good practice as advocates then have a good understanding of the processes, which helps them better support their service users.

Recommendations from Scottish Government have included making clearer links between ASP and carers' legislation and to make better use of communication tools for communicating with service users and the public. This will be a priority for the APU in the next reporting period.



ABERDEEN FOOTBALL CLUB COMMUNITY TRUST

Aberdeen Football Club (AFC) Community Trust requested ASP training for their 15 staff. The course was delivered at Pittodrie to enable all of their staff to attend.

The group included Scottish Football Association coaches, Community Project Officers who work for the Trust, as well as players from the AFC Youth Team who were on placement with the Trust.

The Trust works closely with the Wellbeing Team in Adult Social Work and Trust staff are enthusiastic and committed to ensuring they are aware of protecting the people the Trust works with. The AFC Community Trust was awarded an £80,000 grant to develop a dementia friendly community. They demonstrate a clear commitment to continue to work in partnership with other agencies and to protect people.

3.5 National Data Collection

In 2015, a National Data set was introduced by the Scottish Government in an effort to standardise data recording across the country and the APU comply with this requirement.

This has resulted in some changes to our data collection such as the removal of 'Behaviour Putting Self at Risk' and 'Property' categories of harm. Also included are the addition of 'Anonymous' and 'Office of Public Guardian' as referral sources, and "Day Centre" and "Independent Hospital" as locations of harm.

Case study

A client was referred by social worker. The request was for a female advocacy worker to support a lady with a learning disability through Adult Support & Protection Case Conferences. It was stated that the client would not be taking part in meetings due to her level of anxiety but it was good practice to try to obtain an independent view on the client's perspective.

The advocacy worker met with the client at her home. She explained the role of an advocate - to help people have their say, to help them speak up and to support them to get information. Having some background information, the advocate explained how she could help in this particular situation and offered to help her understand and take part in the ASP process. The client agreed to working with advocacy.

Regular meetings started and the advocate explained why ASP concerns were raised. The client said she was unsure about what took place at the meetings. She also said that

she was unhappy at the 'restrictions' that had been placed on her by the Case Conference (she was not allowed to attend some of her favourite activities because of the risk to her safety). The client said she would like to attend with advocacy support and said she had been scared to go to such a big meeting on her own. The advocate attended the Case Conferences with the client and also accessed suitable information to help the client understand some of the legal implications of the case (e.g. banning order).

Outcome: the client was empowered to take part in the ASP Case Conferences. She was assisted to have her say about the things that had happened to her and question the decisions of the ASP process. The client was more informed of the legal aspects of her situation and was reassured on a number of points of her own safety. Also those participating in the Case Conference were more informed of the client's views, hopes and fears.

3.6 Joint Working Police Scotland

Police Scotland created a Risk and Concern project to help support the delivery of the core policing principle of continued improvement in the safety and wellbeing of people, places and communities across Scotland, in a way that is accessible to and engaged with local communities. The project seeks to support local police divisions to create capacity to improve and make sure that resources are well matched to demand and the high standard of information shared with partners is done in a legitimate, proportionate and timely manner to inform local action when required. The project does not seek to re-design existing local partnerships.

To enable a full evaluation of the process, functionality and staffing, three divisions, offering differing pressures, demands and staffing structures, were selected to undertake the proof of concept phase. 'A' Division of Police Scotland, incorporating Aberdeen City, Aberdeenshire and Moray local authority areas, was one of these divisions.

The proof of concept phase continues with the Risk and Concern project team maintaining engagement with internal and external stakeholders and collating feedback which will be utilized to develop the final model. This will be reported upon in the next Biennial Report.

NHS GRAMPIAN

NHS Grampian continues to use the incident reporting system Datix to assist with early identification of ASP concerns. Across NHS Grampian in the period April 2014 to March 2016, a total of 167 ASP Datix reports were completed by employees. This represents a 13% increase in referrals compared to April 2012 to March 2014.

On some occasions, monitoring ASP concerns can highlight a lack of awareness/ knowledge. This is then used as an opportunity for the ASP Learning and Development Lead to highlight the situation and offer a training session to the team. To date, this approach has been successful and the offer of support taken up.

Information contained within the DATIX reports, with patient, location and staff identifiable information removed, has been incorporated into training as case examples that are local and factual to assist in reinforcing the importance of making awareness and understanding of adult protection everyone's business.

The quality of DATIX reports has highlighted an ever improving understanding and awareness of ASP across sectors of NHS Grampian and evidence that NHS staff are reporting a wide range of concerns, which include neglect (46); physical harm (59); financial harm (15); sexual harm (9); psychological harm (12) and 2 cases of multiple types of harm.



SCOTTISH AMBULANCE SERVICE (SAS)

The SAS now has a National Public Protection Policy which details the protection process for adults who may be at risk, and outlines the responsibilities of the Service and staff in their role to protect adults at risk. The SAS is committed to ensuring that all staff are supported in providing a service, where an adult's welfare and safety is paramount. This is in conjunction with supporting standard operating procedures to make sure that staff remain well informed and guided through the process, when dealing with significantly challenging situations involving adult support and protection.

The SAS is also committed to sharing information and working with partner agencies to promote the wellbeing of adults. The SAS recognise the legal obligation placed upon the service and the responsibilities attached in the care and protection to adults in Scotland.

As part of the service's national policy, a Public Protection Consultant will provide a quarterly report to our clinical governance team detailing:

- the number of causes of concern;
- a summary of actions taken as a result of these concerns; and
- feedback on audit.

The service has a national reporting form, which includes active links to all adult protection units and is available on our staff intranet.

Applicable guidance is also accessible by our staff from within our electronic patient report form (e-prf).

To continually raise staff awareness, measures implemented by the service include: the displaying of adult support and protection posters in ambulance stations and the placing of information in every frontline vehicle. Adult protection training has also been introduced to the induction process for all new entrants.

The challenge presented to the service is to maintain and improve the focus on adult support and protection. It has been identified that the SAS has experienced difficulties in ensuring appropriate attendance at each of the APC meetings across the three areas covered by the Grampian Policy. The service has identified this as a gap and has, as a result, identified named staff members at the appropriate level to maximise its attendance at the APC meeting. It is recognised this will be continually evolving and the SAS will strive to develop its capability on this front.

The NHS Grampian Joint Training Co-ordinator has worked with the SAS locally to introduce bespoke training through the development of a training for trainers programme to ensure that the training can be rolled out in a sustainable fashion. The training was undertaken between September 2014 and February 2015 and all SAS staff have now been trained.

WORK WITH GENERAL PRACTITIONERS (GPS)

The APC have worked alongside local Clinical Leads since 2014 and representation on the APC was fully endorsed by the city Clinical Lead at that time.

Twelve GPs attended a multi-agency workshop, held in Aberdeen in November 2014, which focused on keeping older people safe. The programme for the events included: presentations highlighting legislative roles and responsibilities; the ASP Threshold Good Practice Guidelines; the work of the Adult Protection Units; role of the Local Authority Commissioning team; the role of the Care Inspectorate and ASP related consent/capacity issues. The programme was developed to ensure it responded to the recommendations from the Mental Welfare Commission Report on Mr JL.

Across Grampian there is evidence that GPs are reporting ASP concerns. GPs are not always able to attend ASP Case Conferences and it is therefore accepted practice for the GP to submit a report for consideration at the Case Conference.

Working with NHS Education for Scotland (NES) in Aberdeen, the NHS trainer in adult support and protection has delivered training days to all GP trainees in 2015 and again in 2016. This training has been well received and it is seen as an important strand in the training of GPs. Whilst this is a local arrangement in Aberdeen, it may be possible for other APCs to engage NES so that training can be delivered elsewhere in Scotland.

There are situations when expertise of independent GP's would be invaluable over and above the statutory role in identification and engaging with Adult Protection especially attendance and expertise sharing in the context of case conferences. There is currently no identified mechanism to help release GP's for this activity which would entail taking them away from the day role of a general practitioner. It would be beneficial to have mechanisms at local authority and NHS level to facilitate engaging locums / payment of backfill costs to practices to facilitate this activity and allow for GP's to be released.

SCOTTISH FIRE AND RESCUE SERVICE (SFRS)

Over the last 2 years, the SFRS Community Action Team (CAT) in Aberdeen has chaired one case conference. This was set up after a fatal fire to look at what could be done in the future to prevent a similar occurrence. The SFRS was also invited to attend a case conference chaired by NHS Grampian on a similar incident. The information gained from these conferences has enabled the CAT to work with all partners in Aberdeen in a bid to encourage partners to refer clients who are at risk from fire. Referrals for Home Fire Safety Visits from partner agencies have increased, resulting in vulnerable residents in Aberdeen becoming aware of the dangers contained within the home, and fire injuries and fire related deaths have continued to decline.

NHS Grampian and the SFRS in Aberdeen have been piloting a procedure for making referrals to allow the fire service to take a more collaborative approach to reduce the number of fire casualties in Aberdeen. The referral process includes explicit guidance on what to do if a visit is declined and the patient is assessed as being at risk of harming themselves or others as a result of declining the home fire safety check. If the Adult Protection three point test is met, NHS staff are advised to make a referral to the APU indicating there is a fire risk and that a home fire safety visit has been declined. This has not led to inappropriate referrals being made.

All firefighters in Aberdeen have received adult protection training provided by the Joint Training Co-ordinator, which has had a positive result in relation to ASP referrals.

ADVOCACY SERVICE ABERDEEN

Advocacy Service Aberdeen (ASA) recognises that independent advocacy has an important role to play in making sure that those identified as being at risk of harm participate as fully as possible in the adult protection process, ensuring that people are informed about the concerns and the risks that have been identified and what to expect during meetings, inquiries and investigations. Independent advocacy supports the adult to express their views and feelings and to take a central role in identifying solutions.

Although ASA does not receive any funding specifically for ASP work, it does prioritise individuals identified as being at risk of harm and has, to date, taken on all ASP referrals made to the organisation. In the period covered by this report, ASA supported 62 individuals who have been the subject of inquiries and investigations. All of the people supported had either a learning disability or a mental health issue (35 and 27 respectively). Support was also provided to eight carers of people who had been considered at risk of harm, three of whom were alleged perpetrators.

ASA is in an ideal position to obtain feedback on how the ASP process and outcome has impacted on people it has supported. For example, in 2015 an advocacy worker spoke to five clients who had been through the ASP process to ascertain their understanding

of the process, the outcome, and whether or not they perceived any resulting benefits, as well as observing how they coped during the process. Three of the five had found the ASP process extremely distressing, even though all three reported feeling much safer since action had been taken. While part of this distress could be attributed to the alleged perpetrators being family members, there was also something inherent in the process of being questioned and discussed that made them anxious. All three reported that having advocacy support helped alleviate the distress considerably. The other two people the advocate spoke to also reported feeling much safer as measures had been put in place to protect them and had nothing but praise for having been 'rescued'. Some of the people supported in relation to ASP would find it difficult to articulate how actions taken have improved their situation, but feedback from family members indicate that ASP involvement was instrumental in enhancing the quality of their lives. ASA is committed to working with the APC to develop a systematic way of feeding back people's experiences to influence ASP practice locally.

ASA staff who work with adults must complete all four modules of the ASP training to ensure they know the law relating to ASP and how this translates into practice locally. This ensures they are well placed to support people to understand why ASP is involved and to participate meaningfully.

WORK WITH THIRD SECTOR AGENCIES

Third Sector and independent sector agencies employing 15 or fewer employees can access ASP courses free of charge, along with Aberdeen City Council, Bon Accord Care employees and staff from other services. At times courses have also been attended by faith groups. Should an agency have more than 16 employees, they can access the ASP Training for Trainers courses.

SECTION 4.

Challenges and Future Plans



A Joint Inspection of Services for Older People in Aberdeen by the Care Inspectorate and Healthcare Improvement Scotland was undertaken between November 2015 and February 2016.

A number of cases scrutinised were subject to ASP procedures. Three cases were highlighted due to concerns regarding work being completed timeously. The inspectors found there was no systemic failing but rather that the procedures had not been followed in these cases. Immediate action was taken by the Health and Social Care Partnership and assurance was given that no adult in Aberdeen had been left at risk. The Chief Officer commissioned an internal review of ASP in

Aberdeen. All 91 open cases and 25 closed cases were reviewed.

At the time of writing, the internal review has been completed and 12 recommendations made. The review did not substantiate the concerns highlighted by the Joint Inspection. A short life working group has been set up to develop an action plan to consider and implement the 12 recommendations of the internal review. This work will form the basis of building on the excellent

work already undertaken. Our aim now is to strive for excellence in Adult Protection in Aberdeen.

Keeping people safe from harm in Aberdeen is a priority for all partners. Within a changing landscape we need to be sure that we continue to deliver services to meet the needs of service users. As we understand more about the nature and type of harm, there is an ever increasing need to be able to respond appropriately, making sure that all partners are involved. We need to continue to work with communities to make sure that citizens feel safe and included. The outcome we are working towards is to provide a responsive, timely service to adults at risk of harm.

Over the next 2 year period, there will be ongoing challenges for the APC in relation to how we link our work with that of the Community Planning Partnership, the Health and Social Care Partnership, and their respective strategic priorities.

Key challenges identified are:

- **Enhance and embed partnership working and service integration within the new Aberdeen Health and Social Care Partnership**
- **Take an active role in the development of the Partnership to ensure that adult support and protection is fully incorporated**
- **Continue to work to address the challenge of financial harm**
- **Making sure that the staff of all partner agencies have a well-developed understanding of ASP, recognising that this is everyone's business**
- **Awareness raising which will continue to feature in the APC Action Plan, in particular for service users and carers and the wider public**
- **Capacity of partner agency representatives to commit the time and effort they want to undertake ASP work – when faced with competing demands and responsibilities they encounter in other parts of their day jobs**
- **Continue to strengthen GP engagement across the City. The involvement of the Clinical and Depute Clinical Leads on the APC is crucial to this**
- **Consistency of data recording on a national basis to allow comparative data to be considered**
- **Ensuring a stronger national direction in relation to ASP since the disbanding of the national Policy Forum**
- **Strengthening NHS involvement in the Acute Sector**
- **Gathering qualitative data about the experience of the ASP process for individuals and their families / carers, to help improve processes to make them more person centred and user led.**



