



Item No. 11

Meeting Date Wednesday 9th June 2021

**Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee**

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Adult Support and Protection – Update re 2020 Annual Joint Self-Evaluation

Purpose of Report:	To update the IJB Finance, Audit and Scrutiny Committee on the activity in response to the Adult Support and Protection Joint Self-Evaluation in 2019 and the proposed Joint Self-Evaluation in 2021.
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Background/Engagement:	This report reflects the commitment to Adult Support and Protection Joint Self Evaluation to this Committee, and crucial role of audit in relation to this area of work and demonstrating continuous improvement.
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Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) note the impact of Covid-19 on the Joint Self Evaluation in 2020, and actions taken to mitigate risks during the pandemic; b) consider the information relating to the work undertaken in 2020 to improve practice, as result of the 2019 Joint Self Evaluation by the HSCP, GGCNHS and Police Scotland; c) note the decision to delay the planned HSCP Joint evaluation until 2022 due to the forthcoming external inspection, led by the Care Inspectorate; d) note the intention to use the method and model used by the Care Inspectorate and their findings, to scope and shape the planned Joint Self Evaluation in 2022;
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	e) note the ongoing commitment to audit in 2021 to help improve practice and prepare for external inspection and; f) request that the outcomes and findings of the ASP Duty Audit and the next joint Self-Evaluation are considered by the IJB Finance, Audit and Scrutiny Committee in due course.
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Relevance to Integration Joint Board Strategic Plan:

Workforce planning, monitoring and review of the delivery of statutory duties directly noted in the Adult Support and Protection Act 2007 and any other relevant legislative duties

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Workforce planning, monitoring and review of the delivery of statutory duties contained within the Adult Support and Protection Act 2007 and any other relevant legislative duties. National health and wellbeing outcomes acknowledged and referenced throughout the joint self-evaluation. Strategic priorities are based on the diverse needs of adults at risk in the city, and are underpinned by the National Health and Wellbeing Outcomes with an emphasis on outcome 7: - People using health and social care services are free from harm
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Personnel:	None
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Carers:	Consideration to the Carer's Act is fundamentally linked to supporting and protecting vulnerable adults at risk of harm and their families and unpaid carers. The role of unpaid carers is acknowledged and considered throughout the ASP processes and related audit activity.
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Provider Organisations:	None
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Equalities:	None
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Fairer Scotland Compliance:	None
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Financial:	None
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Legal:	The Adult Support and Protection (Scotland) Act 2007 places a number of statutory duties on the Local Authority and public bodies.
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Economic Impact:	None
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Sustainability:	None
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Sustainable Procurement and Article 19:	None
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Risk Implications:	Regular self-evaluation activity is a vital part of ensuring robust Adult Support and Protection processes. The impact of Covid-19 and related national lockdown which started in March 2020, and continued throughout most of 2020, has delayed the Joint Self Evaluation until 2021. However, risks were mitigated by giving priority to ASP related work and working collaboratively to ensure services remained resilient and adapted to unprecedented challenges during a world-wide pandemic.
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Implications for Glasgow City Council:	Local Authorities have the lead role under the Adult Support and Protection Act 2007.
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Implications for NHS Greater Glasgow & Clyde:	Delegated responsibilities to meet the Local Authorities duties under the Act. Adult Support and Protection, agreement from the statutory partners to be involved in the regular (generally annual) tripartite joint self- evaluation.
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1. Background

- 1.1. The Adult Support and Protection (Scotland) Act 2007 ('the Act') was passed by the Scottish Parliament in February 2007 and deals with the protection of adults at risk of harm. The Act defines adults at risk as individuals aged 16 years or over who:
- are unable to safeguard themselves or their property, rights or other interests;
 - are 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 others who are not so affected. This is commonly referred to by practitioners as the three point test.
- 1.2. The Act placed a duty on councils to make the necessary inquiries and investigations to establish whether or not further action is required to stop or prevent harm occurring. The Act made it a requirement for specified public bodies to cooperate with local councils and each other about adult protection investigations. The Act introduced a range of protection orders including assessment orders, removal orders and banning orders, and it established the requirement for multi-disciplinary Adult Support and Protection Committees.
- 1.3. Glasgow Adult Support and Protection Committee, in agreement with the Partnership, is required to undertake the necessary monitoring of our Adult Support and Protection processes, interventions, policies and procedures. We made a commitment to evaluate and respond to the duties under the Act to support adults who are at risk of harm. We have undertaken joint self-evaluation annually since 2015, with the exception of 2020 due to the impact of Covid-19.

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- 1.4. The findings from previous evaluations have been actioned to ensure that any learning and development is taken forward. This applies to incorporating any learning into both our single agency and multi-agency training and developments. We also consider any other national developments and have included the Care Inspectorate Thematic Inspection findings and recommendations from July 2018. The most recent Joint Evaluation was held towards the end of 2019, with input from the Care Inspectorate to plan and implement the self-evaluation.
- 1.5. As was previously reported to the Finance, Audit and Scrutiny Committee, there was a change of approach from 2018 onwards, whereby we adopted the Care Inspectorate model of reviewing Adult Support and Protection. We have continued to use an agreed formula based on the Care Inspectorate template, and this should also help prepare for the forthcoming external inspection due to be undertaken by the Care Inspectorate in 2021.
- 1.6. The Care Inspectorate initially inspected 6 Local Authorities in 2018 and the external inspection programme now being rolled out to the remaining Local Authorities. The findings from its thematic inspection of the 6 Local Authorities highlighted the quality indicators and allowed us to bench mark and to build on positives. Their report also identified some challenges and potential areas to be strengthened, which have helped us to consider such learning in a Glasgow context and seek to drive practice forward.
- 1.7. The Joint Evaluation in 2019, based on the Care Inspectorate model, identified areas for development as follows:
 - To work with partners and referring agencies re: the process surrounding AP1s – clear and consistent route of referral to Social Care Direct (SCD) for external referrals. This is communicated via the ASP Committee website and NHS GGC website and is also consistent with the West of Scotland Network Inter Agency Guidance.
 - To work with Service User Representative Group (SURG) and carers re: feedback process. An Assistant Service Manager and ASP Lead Officer link to SURG. Representatives from SURG and the Advocacy Project also attend the ASP Committee and have an input to the delivery of ASP training. Online versions of the information leaflets/feedback forms have been developed, with SURG and the Advocacy Project centrally involved in assisting such a developmental approach. Further discussions are ongoing with the Advocacy Project to consider a potential role for Advocacy staff in completing feedback forms in situations where the adult declines to complete the form (to help increase the range and frequency of feedback). It has been difficult during recent times to encourage full adult participation in the ASP process such as involvement in Case Conferences (adults have often declined to participate in a telephone or video-based discussion). Similarly, the completion of service user evaluations remains low such that this area of practice is subject to ongoing scrutiny / focussed work.

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- Continue to strengthen and develop an approach to working with unpaid carers/ family/ friends who have been identified as perpetrators or as partially affecting the well-being of the person at risk. E-forms are being strengthened to support the fuller consideration of issues relating to alleged harmers and carers. This will include a prompt to consider the need for further carers assessment and further questioning around work (supportive or in terms of mitigating risk) with alleged harmers, to help evidence such interventions.
- The continuous use and development of the life event screens. Further training has been delivered around the use of chronologies (staff briefings held in March/April 2021) and updated guidance given regarding Life Event recordings on Carefirst and ASP chronology recordings within the Investigation e-form. The ASP e-forms are also being reviewed following the last Joint Evaluation, to include a new section on Life Event recordings (which will allow the Life Event screen to be populated directly from the ASP e-form). Greater emphasis has also been placed on the impact of risk events, in the chronology section. The broader approach to helping staff understand the key importance of chronologies for effective assessment (including risk assessment) has also prompted further training. Regular data performance reports have also been introduced specifically regarding Life Event recordings to help offer greater governance around this area of practice. Chronology recording in ASP e-forms and Life Event screens will also be the subject of further internal audit late 2021 which was specifically requested by the ASP Committee 2018, and due for further review.
- The review of the Duty teams had been due to take place in 2020 but delayed due to covid-19, is now actively underway - The ASP Duty systems were standardised and then implemented in April 2019, following the introduction of a new duty protocol. A practice audit survey was then undertaken in February 2020 which highlighted that the ASP Duty systems are generally working well but there continues to be variations in practice. This is also reflected in performance management information in terms of the undertaking of Duty to Inquire and variable adherence to timescales. A Duty Working Group was then commenced in April 2021 to help support the progression towards a more standardised approach. This resulted in a mapping exercise to highlight key differences within each ASP Duty Team across the city. An audit is now being progressed involving 60 cases that have been dealt with across the respective ASP Duty Teams (North East, South, and North West) to give greater scrutiny of how each Duty Team progresses ASP referrals (with particular focus on the Duty to Inquire stage) – the aim is to highlight good practice, key differences and any areas of practice that require strengthening. The audit tool has been based on the approach taken by the Care Inspectorate in their thematic inspection of Six Local Authorities, but also includes specific questions linked to the mapping exercise (to help highlight any key differences). The aim will also be to build ongoing case sampling into the monitoring of ASP Duty systems, to help embed robust governance arrangements.

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- Role of Social Care Direct in terms of progressing ASP referrals. There have been various approaches to screening/progressing ASP referrals. Pre-covid, SCD had been recording all ASP referrals as an ASP Duty to Inquire. However, during the pandemic SCD reverted back to a previous approach whereby they screen ASP referrals to determine if the criteria is satisfied and depending on their assessment referrals will progress to the Duty to Inquire stage. This approach has continued but will be subject to further scrutiny / consideration as part of the SCD review and work linked to the ASP Duty Group and related scrutiny of ASP processes. The interface between the ASP referral stage and the ASP Duty to Inquire stage, will also be subject to more national scrutiny as part of a Pilot being progressed seeking to achieve a consistent ASP National Data Set. Glasgow has expressed an interest in participating in this Pilot to help achieve a more consistent approach in this area of practice.
- Training was also directly affected by the impact of Covid-19 during 2020. This resulted in training being cancelled and then online training being introduced. The recovery planning has involved a clear priority being placed on ASP training with a return to face to face training early in 2021 for Council Officer Training, Team Leader Training and Second Worker Training. Multi-agency training has been delivered online and a blended approach is now being developed to help sustain a wider capacity to offer training. The 2019 Joint Evaluation also placed renewed emphasis on the role of advocacy, the importance of chronology recording including life event recording, promoting the service user's participation, encouraging the use of information leaflets/ evaluation, and the role of carers.

2. Actions taken to mitigate risk during the Covid-19 pandemic

- 2.1 The ASP Committee moved to monthly meetings (using virtual platforms) and received more “real time” data to help manage any emerging risks (with weekly reporting to Scottish Government). This helped to ensure that appropriate actions were taken, for instance, when the pandemic impacted on home care staff availability. Similarly, it helped to note any risk patterns at an early stage, such as an increase in mental health detentions during the lockdown period. The ASP Committee then requested a thematic review of this area of concern (findings due to be reported upon). There have also been concerns regarding the impact of lockdown arrangements for individuals affected by domestic abuse, with prevalence figures issued to Scottish Government, and related concerns will be addressed within the development of a Glasgow HSCP Domestic Abuse Strategy. Other actions have been taken to mitigate risks/strengthen practice at this time, including:
- Issuing of Guidance. This involved dissemination of National Guidance on ASP during the Covid Pandemic alongside HSCP operational ASP guidance to front line staff. MHO staff were similarly issued with guidance to assist in their statutory role and manage related risks. The consistent themes helped to highlight the need to prioritise the statutory role and maintain face to face contact where appropriate and reasonable to do so, alongside highlighting risk management information such as the use of PPE.

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- Service delivery was prioritised, with ASP duty systems converted to a city-wide response at the peak of the pandemic. This has now reverted back to a more localised approach.
- A collaborative approach was taken between Health, SWS and the third sector to help ensure that the most vulnerable individuals were monitored in the context of Covid, helping to ensure that their basic needs were met and that they were supported to stay free from harm.
- Various initiatives were instigated to respond to the increased risks driven by Covid concerns. For instance, the creation of multi-agency “Daily Huddle” meetings to help monitor concerns within the care home sector in the context of the pandemic.
- IT services helped to drive a flexible response (further augmented by the HSCP’s IT refresh programme) allowing staff to quickly adapt their practice and have a range of choices to help them undertake their statutory role. This included use of Microsoft Teams, and related ability to use a range of communication options to maintain safe contact with individuals and their families, and the holding of ASP Case Conferences using telephone-based Conference calls or Microsoft Teams. The format of the meeting is determined by consideration of the preferences of the adult and information leaflets are available to support the adult to use Microsoft Teams / updated guidance issued.
- Training and wider governance arrangements, including the ICR/SCR (Learning Review) Sub Group, Learning and Development Sub Group and Quality Assurance Sub Group have now reconvened to help provide appropriate governance for ASP processes.
- Communication and engagement with staff. Major emphasis was placed on effective communication during the height of the pandemic, with regular updates provided via email, issuing of guidance and newsletters etc to help them to deliver a service despite obvious challenges. As the recovery planning continues, the local ASP Steering groups and Practitioner Forums, and briefing sessions have helped to address any local issues impacting on the ASP agenda. Regular communication helps to ensure staff are kept informed and supported.
- Improved Data Set. The aforementioned “real time data” to support the early identification of trends and to assist the Scottish Government overview during the lockdown period has been highly beneficial. Work is also ongoing at a national level to try and develop a more consistent national data set (as previously referenced), with Glasgow City HSCP expressing an interest in being part of this pilot. Locally, work has been ongoing to develop a more meaningful set of core data regarding ASP Care Management cases and related Protection Planning, and using the data set to help inform the work designed to standardised ASP Duty Systems.
- Local Management Reviews (LMRs) are to take place in 2021, with two to be held in each area, based on consistent themes. The initial theme will also seek to develop the aforementioned themes around key ASP process, particularly regarding risk assessment, chronologies and Protection

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Planning. The theme of the second LMR will be influenced by the learning from the two Adult SCR (Learning Review) Reports that are near completion.

3. Recovery Planning / Proposed Joint Evaluation for 2022

- 3.1 It has not been possible to plan a Joint Evaluation in 2020 due to the scale of the pandemic and the need to prioritise the delivery of frontline services. The proposed plan for Joint Evaluation will take place during 2022 due to the ongoing recovery from the pandemic and the forthcoming external inspection (fuller details at section 4 below). The risks involved in delaying the Joint Evaluation will be mitigated by the proposed internal audit of Social Work ASP Duty Systems (as detailed at 1.7 above). However, the overall commitment to a Joint Evaluation approach remains and the intention will be to repeat the approach used 2019 audit, in due course. This was undertaken by Glasgow City HSCP using an electronic method developed specifically to meet the needs of our electronic system. The template was created based on the Care Inspectorate recent ASP thematic inspection, whilst considering specific performance questions for our own partnership. The joint tripartite self-evaluation was led by social work with multiagency involvement from both primary and acute health services and Police Scotland. It is envisaged that a similar approach will be taken whereby a meaningful sample will be identified from a set time period and then filtered to ensure all stages of the ASP process are audited included Duty to Inquire, Investigation, Case Conference and Protection Planning. The joint tripartite self-evaluation will again focus on two quality indicators:

Quality Indicators:

- Quality indicator 1: Outcomes – are adults at risk of harm safe, protected and supported?
- Quality indicator 2: Key processes – referral, duty to inquire, investigation, case conference and case conference review

4. Joint Inspection of Adult Support and Protection – the external inspection by the Care Inspectorate (assisted by Her Majesty's Inspectorate of Constabulary for Scotland, and Healthcare Improvement Scotland) is due to take place in 2021

- 4.1. The national inspection programme had been paused due to Covid related concerns but has now recommenced, with an exact start date for Glasgow still to be confirmed. The process of inspection will be adapted due to Covid concerns and will rely on virtual platforms to assist their scrutiny activity. Similarly, focus groups will likely run online and will look to question staff on the impact of Covid concerns on their practice. More generally, the approach will be similar to that adopted in the previous Inspection of 6 other Local Authorities with the Quality Indicators as described at 3.1 above. The process will involve an analysis of advanced partnership data and scrutiny and analysis of Social Work, Health and Police records regarding adults at risk of harm. This will include a detailed inspection of our ASP process and will help to inform future practice. Work is currently ongoing, as reflected in this Report, to help prepare for Inspection and develop any areas of practice that require to be strengthened (as per previous internal audit activity). Similarly, a multi-agency Operational Oversight Group has been established with meetings held on a regular basis to help prepare for inspection and achieve a coordinated

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approach. Meetings have also been held with the linked Care Inspector Officer to help progress arrangements for sharing information via IT systems, in anticipation of the Inspection.

5. Recommendations

5.1. The IJB Finance, Audit and Scrutiny Committee is asked to:

- a) note the impact of Covid-19 on the Joint Self Evaluation in 2020, and actions taken to mitigate risks during the pandemic;
- b) consider the information relating to the work undertaken in 2020 to improve practice, as result of the 2019 Joint Self Evaluation by the HSCP, GGCNHS and Police Scotland;
- c) note the decision to delay the planned HSCP Joint evaluation until 2022 due to the forthcoming external inspection, led by the Care Inspectorate;
- d) note the intention to use the method and model used by the Care Inspectorate and their findings, to scope and shape the planned Joint Self Evaluation in 2022;
- e) note the ongoing commitment to audit in 2021 to help improve practice and prepare for external inspection and;
- f) request that the outcomes and findings of the ASP Duty Audit and the next joint Self-Evaluation are considered by the IJB Finance, Audit and Scrutiny Committee in due course.