



Item No. 11

Meeting Date Wednesday 9th September 2020

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

Report By: Pat Togher, Assistant Chief Officer, Public Protection and Complex Needs

Contact: Liz Crichton, Service Manager, Adult Support and Protection

Phone: 0141 287 0040

ADULT SUPPORT AND PROTECTION – 2019 ANNUAL JOINT SELF-EVALUATION

Purpose of Report:	To advise the IJB Finance, Audit and Scrutiny Committee of the outcome and findings of the annual joint self- evaluation which took place in September 2019 in relation to Adult Support and Protection. This report is to brief members on the findings and the planned joint self-evaluation for 2020.
Background/Engagement:	This report follows the requirement to produce an annual Adult Support and Protection Joint Self Evaluation to the IJB FASC reflecting the commitment to this area of work and demonstrating continuous improvement.
Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) consider the information relating to the findings of the Joint Self Evaluation by the HSCP, GGCNHS and Police Scotland; b) note the method and model used with the support of the Care Inspectorate and the intention to use the findings and recommendations to scope and shape the planned HSCP joint self-evaluation for 2020; and c) request that the outcomes and findings of the next joint self-evaluation is considered by the IJB Finance, Audit and Scrutiny Committee and brought back as and when appropriate following the 2020 evaluation.

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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.

Personnel:

None

Carers:

Consideration to the Carer's Act as fundamentally linked to supporting and protecting vulnerable adults at risk of harm and their families and unpaid carers.

The role of unpaid carers acknowledged and considered throughout the joint self-evaluation.

Provider Organisations:

HSCP in partnership with other statutory agencies, third sector and voluntary organisations.

Equalities:

No implications

Fairer Scotland Compliance:

No implications

Financial:

No implications

Legal:

Working with the ASP Act 2007 is a statutory function.

Economic Impact:

No implications

Sustainability:

No implications

Sustainable Procurement and Article 19:

No implications

Risk Implications:

Failure to carry out regular self-evaluation activity could mean duties under Adult Support and Protection legislation are not being met.

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 involved in the annual tripartite joint self- evaluation.
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1. Background

1.1 The Adult Support and Protection Act 2007 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. It made it a requirement for specified public bodies to co-operate with local councils and each other about adult protection investigations. It 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 Adult Support and Protection Act to support adults who are at risk of harm. We have undertaken joint self-evaluation annually since 2015.

1.4 From the findings of our previous evaluations we have ensured 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. Therefore, in our 2019 joint tripartite self- evaluation we worked in partnership with the Care Inspectorate to plan and take forward our annual self-evaluation.

1.5 As was previously reported to the Finance, Audit and Scrutiny Committee in [March 2019](#) we have, until 2018 used an agreed model developed by Professor Hogg and Dr May on self-evaluation of Adult Protection interventions. However, it was agreed that we would move to use the Care Inspectorate model of reviewing Adult Services and specifically Adult Support and Protection for the 2018 evaluation. We have continued to use an agreed formula based on the Care Inspectorate template, their findings from their thematic inspection, whilst operating with our own electronic system.

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1.6 It was noted in our 2019 report that the Care Inspectorate's findings from its thematic inspection reflected practice and development currently in place within our own partnership. This allowed us to bench mark and to build on positives. Their report also identified some challenges which again allowed us to consider how we move forward and address the challenges.

1.7 A joint self-evaluation was therefore carried out between September and November 2019 by Glasgow City Health and Social Care Partnership 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 multi-agency involvement from both primary and acute health services and Police Scotland. The joint tripartite self-evaluation looked at two quality indicators. It was based on file reading and focus groups.

2. Case files

2.1 The audit included: file reading (65 sample cases), Service user focus group (2 participants) and Service user evaluation questionnaire (5 returns). Staff focus groups had been scheduled but did not go ahead.

2.2 The files were randomly selected by our analyst.

2.3 We agreed a small number of service users for the focus groups based on advice from the Care Inspectorate and Independent Advocacy who confirmed we should keep to no more than four individuals.

2.4 The Service User questionnaire is routinely used in ASP with five returns in total.

2.5 Staff focus group did not go ahead as this seemed to present challenges to have staff identified and released to take part which will be considered in future reviews.

3. Quality indicators

3.1 We consider the following 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. Methodology

4.1 The Care Inspectorate provided advice and made themselves available should we have required any advice or support. Initial briefing session took place and trial run of the template facilitated by our analyst to ensure the audit tool was useable.

4.2 Sample cases were taken from a performance report where there were **402** duty to inquire cases with an assessment start date within May 2019. These identified **302** unique individuals. Based on Outcome, **All (28)** 'ASP actioned' to investigation, were included in the sample. In addition to this, a 10% sample was taken off the remaining **374** - giving a total **65** cases for file reading.

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- 4.3 File readers were represented by Health (**6**), Social Work (**12**) and Police Scotland (**2**).
- 4.4 File reading took place over three days starting with a briefing and trial run, followed by a debriefing discussion session.
- 4.5 The file reading tool was loaded onto SMART survey for file readers to access via a web link to complete.
- 4.6 From the sample **10** service users were identified from the **65** case sampled from the file reading as receiving support from an advocate.
- 4.7 Independent Advocacy Project made contact with these 10 service users to see if they were interested in participating in a focus group session
- 4.8 Independent Advocacy Project offered their premises as venue for the session and hospitality of tea and coffee. Taxi fares were covered by social work. Two facilitators (Police & social work) led the session and scribe (social work) took notes.
- 4.9 In addition **5** service users who had gone through Adult Support Protection completed, returned evaluation questionnaires at the end of the process.

5. Findings

- 5.1 From the 65 referrals it was evidenced in terms of: gender, age, ethnicity, primary harm, referral source, primary case type and accommodation. Of these cases, cases already allocated to social work, 24 move to further ASP, 13 No further action in terms of ASP but moved for further social work action, 10 No further action, and 8 signposted to another agency.
- 5.2 From the sample, 21 cases moved to ASP Investigation, 9 resulted in ASP action, 8 no further action in terms of ASP but moved to for further social work action, 2 No further action, and 2 signposted to another agency.
- 5.3 From the sample 8 went on to ASP Case conference, 5 received ASP case management and ongoing involvement and 3 No further action.
- 5.4 At the referral stage, the audit focused on the quality of information related to source of referral where a professional agency had submitted an AP1;
 - **100%** ASP referrals came from a professional agency as opposed to self-referrals or from family/ friends
 - **32%** referrals came from the Police – **18%** from Service Provider, **15%** from Health, **11%** from Care Home, **9%** from Housing, **8%** from Social Work and **6%** from Fire Service.
 - **95%** professional referrers took precautionary actions in making the adult at risk safe from harm other than just passing AP1 on to Social Work. Where no precautionary action evidenced, file readers suggested - housing could have contacted GP, fire service could have carried out fire assessment, and no suggestion was provided for health
 - **51%** 3 point test clearly stated on AP1.
 - **49%** 3 point test not clearly stated on AP1.

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6. Service User group

- 6.1 We initially obtained agreement from three service users. However, ultimately two service users agreed to participate in the focus group and attended the session. One service user was accompanied by two advocates (Quarriers and Advocacy Project) and the other was accompanied by one advocate (Advocacy Project). The third service user, declined to attend on hearing Social Work were involved.
- 6.2 The session lasted 1.5 hours with a set of structured questions - though the actual session was structured more of a relaxed discussion.
- 6.3 The service users who did take part struggled throughout the session and found it extremely difficult to keep focused
- 6.4 It was agreed that we would not necessarily use this method again due to the service user's distress and alternative methods of service users engagement will be considered in the future.

7. Strengths:

- 7.1 The evidence from the file reading showed adults at risk of harm and their unpaid carers were consulted, involved, and included throughout the investigation of the adult at risk of harm. In addition to the file reading, the ASP Committee service user sub group had previously commissioned 2 pieces of research to be carried out to obtain service user and carer views on the ASP process. Two recommendations from the research are currently being implemented – service user leaflet and service user evaluation form.

8. Development Areas:

- To work with partners and referring agency re the process surrounding AP1s
- To work with Service User representative group and carers re feedback process.
- Continue to strengthen and develop an approach working with unpaid carers/ family/ friends who have been identified as perpetrators or as partially affecting the well-being of the person at risk. This will be carried out linking in with Carer Services.
- Continue to promote the use of the service user questionnaire.
- The continuous use and development of the life event screens.
- The review of the duty teams had been due to take place but due to covid-19 this will not take place at this time.
- Social Care Direct had moved to recording all ASP referrals as ASP on the system but this has changed at the time due to Covid-19 pandemic. This will have to be considered when undertaking any future self evaluations.
- Training both single agency and multi-agency will continue as a priority albeit due to covid-19 pandemic the delivery of training will have to be considered in terms of social distancing. Some face to face training and some on line or Microsoft teams. A blended approach.

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9. Conclusion

- 9.1 The overall outcome of the joint tripartite self-evaluation identified areas of strength against the two quality indicators. This was the second time we had undertaken the joint self- evaluation using the methodology used by the care inspectorate. However, we were required to adapt the electronic tool for our use.
- 9.2 Consistency of file readers as we had too many in attendance. A smaller consistent group would be more helpful.
- 9.3 However, strengths identified included our partnership multi-agency working, our engagement with service user, families and carers.
- 9.4 Our recognition to support and extend our use of Independent advocacy was also acknowledged.
- 9.5 The continuous development of the Adult Protection Committee now known as the Adult Support and Protection Committee was seen as a positive improvement.
- 9.6 The strengths identified can be attributed to a number of areas and strategies in place across the Partnership over the last five years which included:
- **Adult Protection Committee** – The Adult Support and Protection Committee met every 8 weeks, but at this time they are meeting 4 weekly. In addition to this, there are 4 subgroups which feed into the Committee. These are Quality Assurance, Training, Financial Harm, and Service User. The APC also produce a newsletter three times a year. The newsletter has recently been broadened to include all aspects of Public Protection. It was during the period of covid-19 being distributed as a news bulletin on a weekly basis.
 - **Information System** - Carefirst 6 is the social work client information system. ASP information can be extracted to provide quantitative and qualitative data. The system is continuously monitored, reviewed and updated to reflect information required for internal and external purposes, particularly statutory.
 - **ASP Training** – the training has evolved to meet internal and external demands. It has been provided to chairs, service users and SW professional staff. It has also been provided to external agencies including; Home care staff, Health, Police, purchased services and Fire & Rescue staff.
 - **ASP Development Day Sessions** – these are held regularly to support networking and sharing of information across social work and multiagency groups. They include any local or National learning.
 - **Local ASP forums** – these are held regularly within the 3 localities. They provide an opportunity for multiagency engagement and to discuss ASP agenda. We agreed two a year with consistent themes.
 - **Self-evaluation** – an annual audit has been carried out internally since 2015. Two service user evaluations commissioned by the Service User Sub group have also been carried out. One was carried out by Ekosgen (Nov 2014) and the other by The Advocacy Project (May-Oct 2017). ASP processes within Glasgow have benefitted greatly from the recommendations brought forward by all evaluations. There are also smaller more frequent audits throughout the year.

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10. Future Joint Self-Evaluation

- 10.1 We will undertake future joint tripartite self-evaluations using a similar methodology and audit tool. It is recommended that we consider our own practice and service delivery within any future audit whilst using the Care Inspectorate thematic inspections as tool to bench mark. These were suspended due to Covid-19 and are in the process of being rescheduled.
- 10.2 The impact on the Duty Teams which had been restructured will have to be considered within the context of the Covid-19 and the impact on services.
- 10.3 The review of the 'new duty teams' within the localities will include the interface with social care direct and the recording and management of ASP referrals.
- 10.4 This will provide us with an opportunity to measure our performance at the initial stage of Adult Support and Protection. We will also continue to routinely monitor the use of the Life Event Screen and the referral rates for independent advocacy.
- 10.5 The findings from this joint self-evaluation have been shared with the following:
- Adult Support and Protection Committee
 - Staff across the Partnership
 - The integrated clinical and care governance structure within the HSCP
 - Partner agencies

11. Recommendations

- 11.1 The IJB Finance, Audit and Scrutiny Committee is asked to:
- a) consider the information relating to the findings of the Joint Self Evaluation by the HSCP, GGCNHS and Police Scotland;
 - b) note the method and model used with the support of the Care Inspectorate and the intention to use the findings and recommendations to scope and shape the planned HSCP joint self-evaluation for 2020; and
 - c) request that the outcomes and findings of the next joint self-evaluation is considered by the IJB Finance, Audit and Scrutiny Committee and brought back as and when appropriate following the 2020 evaluation.

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