



Item No. 12

Meeting Date Wednesday 6th March 2019

Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

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ADULT SUPPORT AND PROTECTION – 2018 ANNUAL JOINT SELF-EVALUATION

Purpose of Report:	To advise members of the IJB Finance, Audit and Scrutiny Committee of the outcome and findings of the annual joint self-evaluation which took place in September 2018 in relation to Adult Support and Protection. This report is to brief members on the findings and the planned joint self-evaluation for 2019.
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Background/Engagement:	The HSCP carries out an annual Adult Protection Joint Self Evaluation.
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Recommendations:	<p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <ul style="list-style-type: none">a) consider the information relating to the findings of the Joint Self Evaluation by the HSCP, GGCNHS and the Care Inspectorate;b) note the method and model used with the support of the Care Inspectorate and the intention to use the findings and recommendations to shape the scope of the planned HSCP joint self-evaluation for 2019; andc) 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 2019 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.
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Personnel:	None
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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.
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Provider Organisations:	HSCP in partnership with other statutory agencies, third sector and voluntary organisations.
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Equalities:	No implications
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Fairer Scotland Compliance:	No implications
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Financial:	No implications
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Legal:	Working with the ASP Act 2007 is a statutory function
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Economic Impact:	No implications
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Sustainability:	No implications
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Sustainable Procurement and Article 19:	No implications
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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.
Implications for NHS Greater Glasgow & Clyde:	Delegated responsibilities to meet the Local Authorities duties under the Act. Adult Support and Protection and agreement from the Caldicott Guidance, GG&C NHS.

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 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 training and multi-agency training and development. We also consider any other National developments and now include the Care Inspectorate Thematic Inspection findings and recommendations from July 2018. Therefore, in our 2018 joint 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 and Audit Committee of the IJB in October 2018 we have, until now, 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 use the Care Inspectorate model of reviewing Adult services and specifically Adult Support and Protection for the 2018 evaluation.
- 1.6 It was highlighted in the previous report to the IJB that it was encouraging to note that the thematic inspection by the care inspectorate did reflect current practice, developments and challenges already being identified and considered within our own Partnership. This was therefore a positive opportunity to benchmark our ASP processes and systems with the findings of this recent inspection activity.
- 1.7 A joint self-evaluation was therefore carried out in September 2018 by Glasgow City Health and Social Care Partnership using a file reading template created by the Care Inspectorate for their recent ASP thematic inspection. The joint self-evaluation was led by social work with multi-agency involvement from both primary and acute health services and Police Scotland. The joint self-evaluation looked at two quality indicators.
 - **Quality indicator 1: Outcomes** – are adults at risk of harm safe, protected and supported?
 - **Quality indicator 2: Key processes** – referrals of adult support and protection concerns including physical and sexual abuse, neglect, emotional abuse and financial harm; initial and subsequent investigations; case conferences; adult protection plans; and the use of removal orders and banning orders.

2. Methodology

- 2.1 The Care Inspectorate provided an initial briefing session and then a further half day briefing to advise on the use of the audit tool.
- 2.2 File readers were selected from Health and Social Work and Police Scotland were on hand to take part in the audit via telephone consultation as required.
- 2.3 File reading took place over a three day period. The template was loaded onto a survey monkey.
- 2.4 330 ASP cases were identified from the period 1st April 2017 to 31st March 2018. A 10% random sample of 33 cases were selected with 11 cases coming from each of the three localities.

3. Findings

3.1 Detailed information on **33** cases was evidenced in terms of: gender, age, ethnicity, primary harm, referral source, primary case type and accommodation. Of these cases, **30** went through the full ASP process and **3** stopped at investigation stage.

3.2 Outcomes below are therefore based on the **30** cases that went through to case conference. Overall, **87%** of cases had evidence to show an improvement in the individual's circumstances in relation to safety and protection. All **30** cases had one or more of the following outcomes:

- Adult considers Partnership actions least restrictive and upheld human rights (27%)
- ASP process delivered improved wellbeing (53%)
- Living as you want (53%)
- Safe and protected (60%)
- Clear they have someone to confide ASP concerns to (27%)
- Better able to protect themselves (27%)

3.3 Strengths:

- Choices of Individuals at risk from harm were clearly respected.
- Adults at risk of harm were safer, had enhanced wellbeing and an improved quality of life, which was a consequence of adult protection procedures.
- Information systems were in place to measure outcomes for adults at risk of harm at every stage of the ASP intervention.
- Systems within Glasgow are continuously monitored, reviewed and updated.

3.4 In 4 cases file readers had said outcomes were not positive and further went on to explain that this was due to the individual's lack of effort or unwillingness to engage. HSCP staff had however carried out their professional duties to the fullest in line with ASP processes.

4. Glasgow Key Processes for Adult Support and Protection

4.1 The following indicators were evidenced as part of the case file audit.

- **94 %** correctly applied three- point test.
- **91%** chronology of key events were contained in the file
- **91%** risk assessment was on file for the individual
- **94%** adult protection partners were sharing information
- **97%** Partnership carried out a duty to enquire
- **91%** Partnership carried out an investigation and **90%** carried it out within specific timescales

- **91%** appropriate parties were involved at duty to inquire, **87%** involved at investigation, and **77%** at conference **90%** case conferences were carried out where the Partnership thought it should.

4.2 **Strengths:** All key processes above were clearly evidenced in the file reading. ASP processes were carried out professionally and in a timely fashion. Adult protection duty to inquire, investigation and case conferences effectively analysed all of the circumstances of the adult at risk of harm and determined the best way forward. 83% of adults at risk of harm who required a review case conference got one timeously. Detailed information was provided in all areas and there was clear evidence of multiagency involvement/ joint working.

4.3 There was sufficient evidence in files in terms of chronology of key events. This is an area which was highlighted as an area for improvement during the Care Inspectorate's Joint Inspection of Older Peoples services in 2015. **Overall rating for key processes was 'very good'**

4.4 **Development Areas:** Appropriate parties should be involved more at investigation and conference stage. There should be **100%** case conference minutes on file when only **84%** were evidenced in the file reading.

5. Financial Harm

5.1 Nine cases (**29%**) showed there to be financial harm.

5.2 **Strengths:** The Partnership carried out effective work to stop the financial abuse in all cases and there was multiagency involvement i.e. social work, police, bank or financial body, care provider. **Overall rating for financial harm was very good/ good.**

5.3 **Development areas:** 3 cases did not stop the abuse from happening. 1 showed no legal framework in place but guardianship had been considered. In another the adult had not taken responsibility to control finances. No information was provided for the third case. In **2** cases, multiagency involvement could have assisted.

6. Perpetrators

6.1 **65%** cases evidenced there was an alleged perpetrator of harm to the individual. **32%** cases evidenced where there was not an alleged perpetrator and the adult at risk was at risk due to self-neglect or self-harm.

6.2 **60%** of cases showed that the Partnership had taken actions/sanctions against the alleged perpetrator. There was also evidence from the file reading that in some cases the individual did not want action taken against the perpetrator as it was the unpaid carer or a close friend.

- 6.3 No banning or removal orders were applied. Two of the cases were put forward as police concerns.
- 6.4 **89%** of cases evidenced that the Partnership carried out work with the perpetrator where it had been proposed.
- 6.5 **Strengths:** The Partnership carried out some remedial work with perpetrators of harm to vulnerable adults. It is not always easy to engage positively with perpetrators. **Overall rating 50% good, 25% excellent, 25% very good.**
- 6.6 **Development Areas:** Glasgow are looking 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 within the city.

7. Involvement and Consultation

- 7.1 **68%** cases evidenced a carer was involved which included unpaid and paid carers. **90%** cases evidenced carers were appropriately involved and consulted throughout ASP process. **70%** carers were supporting the person at risk and **30%** carers were alleged perpetrators.
- 7.2 **Strengths:** 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 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.
- 7.3 **Development Areas:** Areas identified for development over the last four years have indicated the continuous need to strengthen our engagement with not only the adult at risk of harm but also any unpaid carers/ family/ friends relevant to the adult. We will continue to develop our practice to ensure it places a greater emphasis on service user participation, engagement and feedback.
- 7.4 Overall rating for involvement and consultation was **very good.**

8. Capacity and Independent Advocacy

- 8.1 The ASP Act only places a duty to consider the use of advocacy. However, Glasgow has extended this to offer advocacy to all individuals as a matter of routine throughout the ASP intervention. The following outcomes were evidenced as part of the case file reading.

- **58%** individuals were offered advocacy support.
- **67%** individuals received advocacy support.
- **83 %** cases evidenced that advocacy had helped the individual articulate their views.
- **57%** individuals who were offered advocacy support had capacity.

8.2 **Strengths:** Glasgow's commitment to offer advocacy to all adults involved in the ASP processes continues to be supported and developed. Further developments were rolled out in November 2018 in relation to the recording and monitoring of the use of advocacy and will enable us to routinely monitor and self-evaluate.

8.3 **Development Areas:** in two cases advocacy should have been offered to service users when it wasn't. Staff in all cases should strive to offer advocacy services where it is required.

This is an area that will be considered for re-audit in next year's self-evaluation.

9. Conclusion

9.1 The overall outcome of the joint self-evaluation identified areas of strength against the two quality indicators. This was the first time we had undertaken the joint self- evaluation using the methodology and the care inspectorate case file reading tool.

9.2 The strengths identified can be attributed to a number of areas and strategies in place across the Partnership. These include:

- **Adult Protection Committee** – The APC meet every 8 weeks. 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.
- **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.

- **Local ASP forums** – these are held regularly within the 3 localities. They provide an opportunity for multiagency engagement and to discuss ASP agenda.
- **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.

10. Future Joint Self-Evaluation

10.1 We will undertake future joint self-evaluations using the same methodology and audit tool. It is recommended that one of the future areas for consideration should be Duty to Inquire stage. We will allow the review and implementation of the new duty teams within the localities to embed and the review of Social Care Direct and the specific changes to ASP referrals. 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.

10.2 The findings from this joint self-evaluation are being shared with the following:

- Adult 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 the Care Inspectorate;
- b) note the method and model used with the support of the Care Inspectorate and the intention to use the findings and recommendations to shape the scope of the planned HSCP joint self-evaluation for 2019; 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 2019 evaluation.