



Item No. 14

Meeting Date Wednesday 14th June 2023

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

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

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Adult Support and Protection – 2022 Annual Joint Self-Evaluation

Purpose of Report:	To advise the IJB Finance, Audit and Scrutiny Committee on the Adult Support and Protection (ASP) Joint Self-Evaluation for 2022 and related improvement work to support the delivery of key ASP processes. To request that the findings are noted along with the method and model used for the self – evaluation and to note the ASP improvement plan and agree further presentation of next joint self-evaluation following the 2023 evaluation.
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Background/Engagement:	This report reflects the commitment to Adult Support and Protection Joint Self Evaluation to the IJB FASC and crucial role of audit in relation to this area of work and demonstrating continuous improvement. The Joint Self-Evaluation (Tripartite Audit undertaken by SW, Health, and Police) also reflects the re-commencement of the annual audit. The Joint Self Evaluation had been put on hold since 2019 because of the Covid pandemic and roll-out of the National Joint Inspection process. The Key Partner Agencies remain committed to an annual evaluation going forward to help sustain continuous improvements.
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Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development.
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	HSCP Senior Management Team <input type="checkbox"/> Council Corporate Management Team <input type="checkbox"/> Health Board Corporate Management Team <input type="checkbox"/> Council Committee <input type="checkbox"/> Update requested by IJB <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
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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 to undertake the Joint Self Evaluation, including the particular focus placed on improvement themes that had been identified in the recent National Joint Inspection of Glasgow City; c) note the intention to use the findings and recommendations to scope and shape the ASP Improvement Plan; and d) request that the outcomes and findings of the next joint self-evaluation are considered by the IJB Finance, Audit and Scrutiny Committee and brought back as and when appropriate following the 2023 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. 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 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 ASP processes and related audit activity.
Provider Organisations:	Joint Self Evaluation planned and undertaken by the three Key Partner Agencies – SW, Health and Police. ASP arrangements also involve working in partnership with other statutory agencies, third sector and voluntary organisations.
Equalities:	None
Fairer Scotland Compliance:	None
Financial:	None
Legal:	ASP (S) Act 2007 places a number of statutory duties on the Local Authority and specified public bodies
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Risk Implications:	Regular Self-Evaluation activity underpins our robust Adult Support and Protection processes. The re-commencement of the annual Joint Self Evaluation further strengthens our collaborative approach to supporting and protecting adults at risk of harm and drive improvement across the Partnership. Risks are also mitigated by a strong commitment to joint improvement planning, informed by audit activity, and joint governance arrangements (including the ASP Committee and related subgroups). This helps to build upon a key finding of the recent National Joint Inspection which evidenced that the partnership's strategic leadership for ASP was very effective and demonstrated major strengths supporting positive experiences and outcomes for adults at risk of harm.
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:	Legal duties on specified public bodies under the ASP Act, including Health. This involves a legal duty to cooperate and notify and work collaboratively to support

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	and protect adults at risk of harm. Commitment from Health (and Police) to be involved in the Joint Self Evaluation and to use findings to inform further improvements in how we support and protect adults at risk of harm, both single agency and collaboratively.
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1. Purpose

- 1.1. To advise the IJB Finance, Audit and Scrutiny Committee on the Adult Support and Protection (ASP) Joint Self-Evaluation for 2022 and related improvement work to support the delivery of key ASP processes. To request that the findings are noted along with the method and model used for the self – evaluation and to note the ASP improvement plan and agree further presentation of next joint self-evaluation following the 2023 evaluation.

2. Background

- 2.1. The Adult Support and Protection (ASP) Act 2007 (The Act) was passed by the Scottish Parliament in February 2007 and is intended to support and protect those adults (aged 16 years and above) 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.
- 2.2. The Act places a duty on Councils to make the necessary inquiries to establish whether the adult is at risk of harm and whether further action is required to protect the adult's well-being, property or financial affairs. The Act also places a duty on certain public bodies and office holders to cooperate in inquiries and promotes a collaborative approach to preventing or reducing harm. The act also introduces a duty to consider the need for Advocacy Services following a decision being made to intervene. The Act also permits, in certain circumstances, medical examination of an adult at risk of harm and access to records held by agencies in pursuance of an inquiry. A range of Protection Orders can also be sought under the Act, namely Assessment Orders, Removal Orders and Banning Orders. The Act also requires the establishment of multi-agency Adult Protection Committees and promotes a joint approach to supporting and protecting adults at risk of harm.
- 2.3. Glasgow City ASP Committee, in agreement with the Health and Social Care Partnership (the Partnership), is required to undertake the necessary monitoring of our Adult Support and Protection processes, interventions, policies and procedures. This involves a joint commitment to evaluate and use findings to inform robust improvement plans. The Partnership have undertaken Joint Self-Evaluation annually since 2015, with the notable

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exception of the period 2020 to 2021 (due to the impact of Covid-19 and planning linked to the National Joint Inspection).

- 2.4. Risks were mitigated during the period in which the Joint Evaluation was paused (2020-2021) by the holding of single agency audits (including the SW ASP Duty Systems Audit held in September 2021) and preparation/ involvement in the National Joint Inspection. This included the setting up of a Multi-Agency Oversight Group to help support improvement actions in advance of the Joint Inspection and then providing key information to support the audit activity within the National Joint Inspection (undertaken by the Care Inspectorate, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary Scotland on behalf of Scottish Government).
- 2.5. The National Joint Inspection of the Partnership took place between June and August 2022 and involved scrutiny of the records of adults at risk of harm for a two-year period, May 2020 – May 2022. The Final Report (published October 2022) noted that the Partnership's key processes for ASP were effective with areas for improvement (linked to chronology recording, rationale for decision making at investigation stage and some general improvements to the case conference process). The findings also noted that the Partnership's strategic leadership arrangements for ASP were very effective and demonstrated major strengths supporting positive experiences and outcomes for adults at risk of harm. The overall outcomes were highly positive and a Joint Improvement Plan was submitted to help identify further improvement actions, including the recommencement of our Joint Self-Evaluation programme and incorporating some of the learning from the National Inspection into the annual audit.
- 2.6. The findings from previous self-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, with our Council Officer course currently being revised. Work has also been progressed to update ASP eforms (changes went live in April/May 2022) to facilitate improved recording, particularly in relation to chronologies and management oversight.
- 2.7. The findings from the National Joint Inspection have also resulted in a Joint Improvement Plan being developed by the Partner Agencies (submitted to Care Inspectorate November 2022). This notes the key actions linked to the three priority areas for improvement:
 - Chronology Recording
 - Quality of decision making at investigation stage – including need for clearer rationale
 - Improving aspects of Case Conferencing – including improved recording of attendees / reasons for non-attendance.

Work has already commenced to progress the identified improvement actions including introducing a Chronology e-learning module, developing a Chronology Learning Pack, compiling a Good Practice Guide for staff to

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support decision making at investigation/Case Conference stage, introducing Development Sessions for Chairs of ASP Case Conferences, modifying the investigation eform to add a management oversight question (mandatory) and undertaking regular case sampling to quality assure ASP Protection Plans. Additionally, the improvement themes from the National Joint Inspection were then incorporated into our Joint Self-Evaluation (2022) to help support a further level of scrutiny and inform next steps.

3. Self-Evaluation 2022 - Methodology

- 3.1 The Audit was led by the designated Senior Officer (Performance and Intelligence Team). The File Reading for the Audit took place in early December 2022 and the staff Focus Groups took place in February 2023. The audit sample involved a total of 54 cases drawn from the ASP Data Report as follows:
- 3.2 Duty to Inquire (DTI) cases were drawn from the list of completed DTIs during the period **January to June 2022** and the referral source involved either Police Scotland or NHS (produced a total of 874 DTIs). Filtering was then applied, and 21 cases were identified from the list of DTI cases, proportionately selected to cover the range of outcomes at DTI stage (which includes NFA, signpost to other agency, further SW action, and further action under ASP).
- 3.3 A similar approach was taken to identify ASP investigation cases based upon the referral source being NHS or Police Scotland and the investigation being completed between January to June 2022. This identified a total of 39 cases but 6 were removed from that list as they had already been included in the National Joint Inspection, resulting in a sample of 33 cases that progressed to at least investigation stage. This effectively means that ALL cases referred by either NHS/Police Scotland during the period January to June 2022, which subsequently progressed to at least investigation stage, have now been subject to audit either via the National Joint Inspection or the Joint Self-Evaluation. This helps to support high confidence levels in terms of robust findings. The sample was deliberately weighted towards cases that progressed to the latter stages of ASP to afford fuller scrutiny to investigation risk assessments, case conferencing and protection planning.
- 3.4 The audit tool was compiled in collaboration with Social Work (SW), NHS, and Police Scotland staff. Improvement themes from the National Joint Inspection Report (2022) were partially used to compile the audit tool (detailed at 2.6 above). On completion, the tool was loaded onto Smart Survey (an e-survey tool) and pre-tested before being used. Guidance notes were provided to file readers who were drawn from the three agencies. Nine file readers were then involved in completing the audit tool, drawn from the three agencies and having access to information systems across the Partnership.
- 3.5 Two Staff Focus Groups were held, one multiagency and one single agency (SW), to explore themes linked to chronology, adult participation, collaborative

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working, improvement planning and factors which influence decision making at investigation stage (single agency focus group only).

4. Joint Self-Evaluation (2022) Findings

4.1 The Joint Self-Evaluation findings provide further evidence that Glasgow City HSCP has robust Adult Support and Protection (ASP) procedures to manage the high volume of referrals and a clear commitment to collaborative responses. The findings also reinforce many of the positive outcomes from the recent National Joint Inspection and highlight that ASP work is completed to a good standard. This includes evidence of the Escalation Protocol being applied (in terms of consideration being given to any repeated pattern of referral within decision making) and management oversight. Crucially, adults at risk are effectively supported to participate in the ASP process and their views appropriately considered. Strengths were identified within risk assessments and decision making, evidencing that ASP Investigations and Case Conferences effectively determine what action is required to support and protect the adult at risk of harm

4.2 Key Strengths:

- Strong evidence of collaborative working involving key agencies and information sharing, effective through all stages of the ASP process (83% of DTIs and 91% of investigations evidenced information sharing between partner agencies)
- The views of the adult at risk and carers were considered through all the stages of the ASP process (78% at DTI stage and 85% at Investigation Stage)
- ASP intervention was carried out within a timescale in keeping with the needs of the adult at all stages of the ASP process (82% at DTI stage and 73% at Investigation stage –)
- There was evidence of ASP escalation protocol being applied at all stages of the ASP process by Social Work and Police (71% of DTIs evidence escalation protocol appropriately considered/applied)
- There was evidence of management oversight related to decision making (91% at DTI stage and 97% at Investigation stage)
- Key risk chronology was well documented within the investigation eform (risk assessment). 88% had a risk chronology completed within the investigation eform, quality rated between excellent and good for 72%
- At case conference/ review stage, the 24-hour letter was circulated timeously, helping to share key information effectively
- Adults at risk were fully supported to participate when in attendance at Case Conferences
- ASP Protection Plans were of a good standard (92% had a protection plan open when it was appropriate to do so)
- Outcomes – ASP investigation and Case Conference/ Review Case Conference stage effectively determined what needed to be done to ensure the adult at risk of harm was safe, protected, and supported (100% of cases)

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- Audit highlighted the wider range of meeting formats for case conference, including the increasing use of online. Feedback within the focus group indicates that online meetings have supported improved participation
- Evidence of high quality Case Conferences (quality rated between excellent and good for 95% of Case Conferences).

4.3 Priority Areas for Improvement:

- At 'duty to inquire' and investigation stage, where criminality was noted, police were not appropriately involved or consulted in a small number of cases (31% suspected criminality at investigation stage and for half (5) of these, the police were appropriately consulted/ involved)
- Life events chronology is poorly recorded and there is a need for training in this area. This links to broader chronology recording on Carefirst (only 305 of cases had chronology recordings on the Life Event Screen – often the quality of these recordings were rated as poor).
- At Case Conference and Case Conference Review stages, invites were not sent to some agencies in a small number of cases – need to improve invite process (70% all relevant partners were invited, 20% were not invited and 10% no evidence of invite lists found in casefile)
- Evidence that Police Scotland, NHS, and Advocacy representatives did not always attend ASP conferences despite being invited to attend (Of the 70% invited, only 33% attended. Advocacy (5); police (2); NHS (2); care support/ housing provider (1) did not attend)
- Case Conference and Case Conference Review minutes need to improve in terms of how they record attendance and non-attendance (only 65% of Case Conference minutes recorded attendance and non-attendance of relevant partners)
- Advocacy was not offered to a third of adults at risk when it should have been. Of those that had been offered it, over two fifths did not receive it
- Some staff (consulted during the focus group sessions) were unaware of specific improvement work and how this links to self-evaluation. They felt that this information could be better shared via briefing and/or focus group discussions
- Health systems were difficult to access for some of the file reading cases. Particularly, where referrals were from NHS24, Ambulance Service and GP. At the focus groups sessions, social work staff said engagement with GPs can also be difficult.

5. Conclusion – ASP Improvement Plan

- 5.1 The overall Joint Self-Evaluation findings help to illustrate the significant strengths within our current ASP arrangements. These findings, in addition to the positive outcomes from the recent Joint National Inspection, indicate that we can drive forward improvement plans from a strong foundation. The findings were shared at the ASP Committee meeting held on 30th May 2023. We will look to progress an ASP Improvement Plan based upon the following actions:

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- 5.2 **Develop the use of the Audit Tool** - reflect on the Joint Self-Evaluation Audit Tool and use of Staff Focus Groups to help inform our approach and incorporate any learning into future self-evaluations. This will include consideration of any system barriers (such as difficulty accessing certain health records) and how we can improve the audit process going forward. The findings will also be considered within each partner agency to help inform both single agency and multi-agency improvement plans.
- 5.3 **Promote Staff Involvement in Improvement Planning** - findings indicate the need to increase the involvement and awareness of staff regarding self-evaluation and improvement action. The use of focus groups will be embedded into our audit approach and plan progressed to effectively disseminate the learning from the Joint Self-Evaluation. Staff briefings will also be undertaken to help raise awareness of the audit tool and the importance of self-evaluation processes within practice improvement.
- 5.4 **Improve Chronology Recording** – clear need to improve the quality of chronologies, particularly regarding the broader Life Events recordings and help staff develop a clearer understanding of good practice. A Training Liaison Working Group has been set up to help address key priorities, and this this will include devising and delivering a new Chronology Course. A Chronology Learning Pack has also been compiled to further raise awareness/support staff by offering a variety of learning opportunities, alongside the setting up of an ASP Digital Library for SW staff (to help give easier access to the range of additional materials). A Council Officer checklist has also been developed to reflect the positive practice examples highlighted within the National Joint Inspection – to help promote good recording. It is also noted that improvement actions (driven by previous audits), have led to ASP eforms having a new question to prompt Life Event recording. This improvement action should support more appropriate chronology recordings going forward (system updates introduced in May 2022).
- 5.5 **Strengthen Adult Participation and related monitoring arrangements** - clear need to improve the recording of the adult's attendance and reasons for any non-attendance (which can include justifiable exclusion or adult declining). System upgrades are at the final planning stage to introduce mandatory questions into our ASP minute e-forms to record such information. This will allow us to run performance management reports on adult participation and support additional governance / quality assurance in this area of practice
- 5.6 **Improve Case Conference Process** - A Short Life Working Group has been convened to improve how we record attendees and accurately record those providing apologies and/or submitting reports in absence. This has led to immediate improvements in the case conference process and further system changes on Carefirst (involving amendments to our minute e-forms) are being progressed.

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- 5.7 **Promote Police Involvement when there is suspected criminality** - A Short Life Working Group (chaired by Assistant Chief Officer Public Protection Complex Needs) has been set up to explore the options for Inter Agency Referral Discussions (IRDs) to help promote a more consistent approach to sharing information and help clarify roles and responsibilities. This will strengthen a collaborative approach to ASP involving the key partner agencies. A Team Leader Development Session will also become a twice-yearly event to support their key role in ASP decision making. The Police will also be invited to provide a key input at these sessions to help raise awareness around their ASP role and the recent development of a Police ASP Team with investigatory capacity to help promote effective joint working
- 5.8 **Explore options to improve information sharing with Health** – this work has already commenced with the setting up of our new Connect Service and increased ability to access relevant information across various recording systems/agency records. This will help support the information gathering at ASP Inquiry stage and inform decision making. Discussions also ongoing between SW and Health (Public Protection Service) to explore options for improved information sharing with GPs.
- 5.9 **Support Advocacy role within ASP** - share the findings with the Advocacy Project to help identify key learning and work jointly to strengthen staff awareness of the Advocacy role. This will also link to improvement work to better monitor any reasons for non-involvement at Case Conference stage (via improved recordings). An Improvement plan is also being progressed between Advocacy /SWS to make renewed efforts to raise awareness/promote completion of the Service User Questionnaire (to help inform future practice), and this has already resulted in increased feedback. It is also noted that the Advocacy Project had experienced significant staff turnover and related need to recruit new staff around the period in which the cases were identified for Audit. This impacted on their service but has now improved. The Advocacy Liaison Meeting (held quarterly) also provides an opportunity to support effective interface arrangements and address any themes coming out of our ASP arrangements / audit findings.
- 5.10 **Strengthen the role of Health and Social Care Connects Service (known as Connect) within ASP arrangements** - the HSCP early contact arrangements have been strengthened by the introduction of Connect (November 2022) involving a new staffing model and early intervention approach. This includes Connect receiving all ASP referrals and actively screening/triaging and undertaking non-complex Duty to Inquiries. This has already reduced the volume of work being passed to locality-based ASP Duty Hubs, with the expectation that this will help to strengthen our ASP arrangements going forward. ASP Working Group also set up to help manage the transition arrangements and support key developments such as the updating of the ASP Duty Protocol.
- 5.11 **Robust Commitment to Training** – the content of the Council Officer Training course is being reviewed to take account of the learning from the recent Joint Inspection and publication of the revised ASP Code of Practice.

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This will be further informed by the findings of the Tripartite Audit. A range of online courses have also been developed including GOLD courses on Financial Harm, ASP Awareness, Adults with Incapacity Awareness Raising and Chronologies (module also added to the NHS LearnPro site). The ASP Committee training calendar also includes thematic training courses, including trauma and chronology recording, again helping to support practice improvements. The aim would be to reflect on the Tripartite Audit findings and use this to inform future training priorities. This will include the use of webinars to deliver regular spotlight events to help staff further develop their knowledge and expertise to support their ASP role.

- 5.12 **Oversight role of the ASP Committee /Quality Assurance Workplan** - Findings from the Joint Self-Evaluation will be reflected in the multi-agency Quality Assurance Subgroup Work-plan to help ensure the joint commitment to an annual audit and related improvement planning, and robust governance arrangements. ASP Committee will also oversee related improvement planning.

6. Recommendations

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

- a) Consider the information in relation to the findings of the Joint Self-Evaluation undertaken by HSCP, GGCNHS, and Police Scotland;
- b) Note the method and model used to undertake the Joint Self Evaluation, including the particular focus placed on improvement themes that had been identified in the recent National Joint Inspection of Glasgow City;
- c) Note the intention to use the findings and recommendations to scope and share the ASP Improvement Plan; and
- d) Request that the 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 2023 evaluation.