Item No. 14

Meeting Date **Wednesday 12th June 2024**

Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee

Report By: **Karen Lockhart, Assistant Chief Officer, Public Protection**

Contact: **Lynsey Smith, Head of Justice Services, Public Protection and Health and Social Care Connect**

Phone: **0141 420 5756**

Adult Support and Protection – 2023 Annual Joint Self-Evaluation

Purpose of Report:	To advise the IJB Finance, Audit and Scrutiny Committee of the Adult Support and Protection (ASP) 2023 joint audit and related improvement work to support the delivery of the Glasgow City Health and Social Care Partnership (GCHSCP) ASP policies and procedures. To request that the findings are noted along with the method and model used for self-evaluation, the related improvement actions and agree to an updated report being submitted to IJB Finance, Audit and Scrutiny Committee detailing the audit findings for 2024.

Background/Engagement:	This report reflects the ongoing commitment to ASP joint audit activity to the IJB FASC and the crucial role of self-evaluation which demonstrates our commitment to continuous improvement. The joint audit 2023 (undertaken by SW, Health, and Police) also builds on the findings and learning of the previous joint audit in 2022 and reaffirms the role of the annual joint audit as a key part of our strategic leadership arrangements. The key partner agencies involved in ASP remain fully committed to an annual evaluation programme to help support continuous improvements.

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐

	Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☐ Not Applicable ☒

Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) Consider the information relating to the findings of the joint audit 2023 carried out by the GCHSCP, 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 previous audits; 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 (2024) are considered by a future IJB Finance, Audit and Scrutiny Committee.

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. This is vital to ensure that all activity described in the Strategic Plan can be accomplished, particularly partnership priority 4 – strengthening communities to reduce harm.

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*

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 ASP processes and related audit activity.

Provider Organisations:	Joint audit planned and undertaken by the three key partner agencies – SW, Health and Police. ASP arrangements also involve working in partnership with other statutory agencies, including 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 scrutiny processes and strengthens our collaborative approach to supporting and protecting adults at risk of harm. Risks are managed and mitigated by our strong commitment to joint improvement planning. This is 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 (October 2022) which evidenced that the GCHSCP's strategic leadership for ASP was 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 and protect adults at risk of harm.

1. Purpose

1.1 To advise the IJB Finance, Audit and Scrutiny Committee of the Adult Support and Protection (ASP) 2023 joint audit and related improvement work to support the delivery of the HSCP ASP policies and procedures.

1.2 To request that the findings are noted along with the method and model used for self-evaluation, the related improvement actions and agree to an updated report being submitted to IJB Finance, Audit and Scrutiny Committee detailing the audit findings for 2024.

2. Background

2.1. The ASP Act 2007 is intended to support and protect those adults 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 wellbeing, property or financial affairs. The ASP 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 promotes 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 ASP Committees and promotes a joint approach to supporting and protecting adults at risk of harm.

2.3. Glasgow City ASP Committee is required to undertake the necessary monitoring of our ASP processes, policies and procedures. This includes a joint commitment to evaluation to inform robust improvement plans. The GCHSCP have undertaken joint evaluations since 2015, with the notable exception of the period between 2020 to 2021 when the pandemic paused the audit activity. We were also inspected in 2022, as part of the National Thematic Inspection programme undertaken by Scottish Government.

2.4. The findings from both the internal and external audits have helped support practice improvements. It has been beneficial to track the evidence within the 2023 Audit, in terms of seeing how previous audit learning is now shaping practice developments and improvement. The key areas of improvement from the 2023 Audit, included the quality of chronology recording, active Police involvement where there is suspected criminality and improving the recording of attendees at case conferences.

3. Joint Audit 2023: Methodology

3.1 The Audit was led by the designated Senior Officer from the Performance and Intelligence Team. The file reading and staff survey for the audit, took place in November 2023. The audit sample involved a total of 62 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 2023 and the referral source involved either Police Scotland or NHS (excluding referrals from GPs and Scottish Ambulance Service due to difficulty accessing information systems). This produced a total of 1182 DTIs. Filtering was then applied, and 19 cases were identified from the list of DTI cases that ended at that stage - proportionately selected to cover the range of outcomes at DTI stage which includes No Further Action, signpost to other agency, and further Social Work action.

3.3 **Investigation and beyond cases:** 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 2023. This identified a total of 43 cases. This means that all cases referred by either NHS and Police Scotland during the period January to June 2023, which subsequently progressed to at least investigation stage, have now been subject to internal audit. 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 constructed in collaboration with Social Work, NHS, and Police Scotland staff. Improvement themes from the 2022 joint audit were partially used to inform the audit tool. The audit tool mirrors the approach of the National Thematic Inspection process in terms of the range of questions and considerations of a quality standards framework to help assess practice.

3.5 There were two strands to the ASP Tripartite Audit - file reading and a staff survey. The survey was sent out to staff within all three partner agencies and 150 responses received (with 109 (73%) from Social Work, 23 (15%) from Health and 18 (12%) from the Police). File readers were drawn from across the agencies involving six from Health, seven from Social Work and one from Police. Staff were split into multi-agency teams with access to a range of information systems. The audit tool was subject to discussion and planning with partner agencies before being finalised and loaded onto Smart Survey and pre-tested before being used. Guidance notes were provided to file readers and a briefing session held prior to commencement to help promote a consistency of approach and understanding.

4. Joint Audit 2023 – Findings:

4.1 The Joint Audit 2023 findings provide further evidence that GCCHSCP has robust ASP procedures to manage the high volume of referrals and a clear commitment to collaborative responses. 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:**

- At the DTI stage, almost all cases evidenced appropriate information sharing between relevant partners and strong evidence that all relevant partners were involved at investigation stage.

- In most cases, the adult at risk of harm was consulted and involved throughout the ASP process.
- Almost all cases evidenced that the ASP escalation protocol was appropriately considered/applied.
- All investigations were completed by a Council Officer.
- There was strong evidence of management oversight of the decision making for the Investigation Stage
- Almost all the chronologies (88%) contained key risk events in the investigation e-form (risk assessment). Almost all (84%) of the risk chronologies in the investigation e-form were rated as excellent/ very good/ good compared to 8% adequate, 5% weak and 3% unsatisfactory. There has been a 12-percentage point improvement in the chronologies rated positively in 2023 compared to the 2022 audit (72%) - the improvements are linked to this being an area of focus for practice improvement with renewed emphasis placed on chronology recordings within training and related learning events.
- At investigation stage, 18 cases involved suspected criminality with Police appropriately involved/consulted in 12 of those cases (67%). This is up from a figure of 50% in the 2022 audit. Of the remaining 6 cases, Police were involved prior to ASP investigation stage in terms of making the ASP referral in 3 of the cases.
- Case Conference stage was effective, in almost all cases, at identifying appropriate actions to help ensure the adult at risk of harm was safe, protected, and supported.
- 12 (52%) Initial Case Conferences took place online, 11 (48%) were in person. This highlights a balanced approach and the ability to be flexible around the needs of the adult in terms of format of the meeting.
- ASP Protection Plans were drawn up timeously, accurately reflecting relevant multi agency views and actions required to mitigate risks.
- 12 cases that Police referred, progressed to Initial Case Conference stage. Police attended all 12 initial case conferences and had minutes for 6 (50%) of those cases visible on their systems.
- ASP Review Case Conferences were held timeously for 10 (91%) of the 11 Review Case Conferences, in keeping with the needs of the adult. This is a significant improvement on the 2022 figure (67%)
- Outcomes reflect there is a range of different risk factors and complexity referred under ASP, with outcomes often involving safeguarding legislation. Notably, this has included the use of Adults with Incapacity (AWI) legislation and the Mental Health Act (MHA). For instance, an application for Guardianship (AWI) or the need to use compulsory measures of treatment under the MHA, featured in 11 cases within the sample. Other outcomes note the use of a Care Programming Approach or similar risk management arrangements, with the risks to the adult being mitigated in most cases.

4.3 Staff fed back within the staff survey responses that almost all staff (87%) are familiar with the three point criteria and how it applies to adults at risk of harm (breaks down to 57% Health, 93% SW, and 89% Police being familiar with the criteria). Most staff were also confident that GCCHSCP effectively deals with ASP referrals – this breaks down across the three agencies to 48% Health, 68% Social Work and 56% Police.

4.4 **Priority Areas for Improvement:**

- Reduce the number of DTI cases (30%) rated as "adequate." This rating was mostly linked to brief recordings and reflects the challenge of responding to the high volume of referrals that we receive within Glasgow City.
- Need to improve life event chronology recordings. This is distinct from the specific risk chronologies embedded within the risk assessment eform. Changes in recording practice have been driven by previous audit findings resulting in a substantial improvement in the recording of ASP episodes within the Life Events chronology screen on CareFirst. However, we now need to target an improvement in the overall quality of those broader life events recordings and reduce the percentage of those marked as "adequate" or "poor".
- Improve provision of advocacy to adults and the recording of the advocacy process. In some cases, the reasons for the lack of advocacy input were unclear.
- 37 (86%) of the 43 cases reached the appropriate outcome at Investigation Stage. This is slightly lower than the previous year's audit of 91%. Six cases were seen to require a more appropriate outcome – with 4 being seen to merit progression to Case Conference stage and 2 from ongoing social work supports.
- Improve recording of the reasons for the adult's attendance or non-attendance at case conference stage. There are marked improvements in recording of attendees from partner agencies but there is a need to place a particular focus on the adult's invite or reasons exclude to allow further scrutiny to be applied to the adult's participation. 14 (61%) of adults were invited to the Initial Case Conference and in the other 9 cases, the adult was excluded. Valid reasons noted in 7 of the 9 cases (i.e. severe cognitive impairment). Of the 14 adults invited to Case Conference, the adult only chose to attend on 4 occasions (reasons for their non-attendance was often less clear).
- 11 Health referrals progressed to Initial Case Conference stage and Health were invited to all of them but only attended 8 of the meetings. Only 50% of case conference minutes (for meetings attended) were noted on health systems.
- Staff survey responses highlighted that under 50% of staff (Police responses more positive, but only 40% for Health and 45% for SW) felt confident using their IT systems to add chronology recordings. Feedback also highlighted that staff are often unaware how local and central strategic leadership arrangements support improvement planning, and unclear how ASP work was evaluated.

5. Conclusion – ASP Improvement Plan

5.1 The overall findings help to illustrate the significant strengths within our current ASP arrangements, allowing us to drive forward improvement plans from a strong foundation. We are progressing an improvement plan based on the following actions:

5.2 **Further develop the audit tool** – to reflect the outcomes of a Care Inspectorate consultation process which is underway to update their Quality Improvement Framework. This will help to reflect the revised Code of Practice and apply a trauma informed perspective to ASP.

5.3 **Improve chronology recording** - this was also identified as an area for improvement based on previous audit findings and led to the development of a learning pack and staff briefings to raise awareness of good practice standards. We now need to progress our practice and improve upon sparsely populated Life Event chronology recordings that are often static documents that only include the most recent ASP activity. A new Chronology Course (Pilot held in May 2024) is due to launch to help raise awareness of good practice and support staff to overcome system barriers. We will update our ASP eforms to prompt staff to assess risk from a trauma informed perspective and remind staff that the ASP Digital Library contains a learning pack of materials to help them achieve competent, well-crafted chronologies. Alongside these local initiatives, we will participate within the National Working Group on Chronologies (overseen by Scottish Government) to help drive multi-agency improvements and support the development of more meaningful chronologies.

5.4 **Adult participation** – we need to improve our recording of reasons for any non-attendance of the adult at Case Conference and improved recording/scrutiny of the involvement of advocacy services at Case Conference. This will also link to the national improvement work linked to the introduction of the New National dataset and the launch of a National Implementation Working Group to enhance the Adult's Voice within ASP arrangements and provide a range of ASP data to support more effective governance arrangements. We will also compile a new annual report to ASP Committee providing a fuller analysis of the adult's participation within our ASP processes. This will include feedback from the lived experience of the adult and data provided by advocacy services.

5.5 **Duty to inquire stage** – the initial inquiry stage of the ASP processes is subject to changes driven by the Revised Code of Practice and the New Minimum Dataset, with reporting now linked to inquiries with or without the use of investigative powers. This will allow us to improve our monitoring/scrutiny of the use of investigative powers at inquiry stage. We note the increasing referral numbers and related pressures placed on frontline staff and an ASP Working Group has been set up in response. We will also trial an Adult Inter Agency Referral Discussion (IRD) process to help strengthen our information sharing and collaborative approaches, which should also help drive improvements at inquiry stage.

5.6 **Training –** we will refresh our training materials to take account of the Revised Code of Practice and apply a trauma informed perspective to ASP. We will launch a new ASP Refresher Course to help ensure staff are able to maintain update their skills and knowledge, in line with the updated National Guidance.

5.7 **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. 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 relating to the findings of the Joint Audit 2023 carried out 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 previous audits;
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 (2024) are considered by a future IJB Finance, Audit and Scrutiny Committee.