



Item No. 16

Meeting Date Wednesday 11th June 2025

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

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Adult Support and Protection (ASP) Annual Joint Self-Evaluation 2024

Purpose of Report:	To update the IJB Finance, Audit and Scrutiny Committee on the findings from the 2024 multi-agency audit of Adult Support and Protection in Glasgow City.
Background/Engagement:	The Adult Support and Protection Committee has a longstanding commitment of multi-agency self-evaluation work, undertaken to drive practice learning and continuous improvement across agencies.
Governance Route:	<p>The matters contained within this paper have been previously considered by the following group(s) as part of its development.</p> <p>HSCP Senior Management Team <input type="checkbox"/></p> <p>Council Corporate Management Team <input type="checkbox"/></p> <p>Health Board Corporate Management Team <input type="checkbox"/></p> <p>Council Committee <input type="checkbox"/></p> <p>Update requested by IJB <input type="checkbox"/></p> <p>Other <input checked="" type="checkbox"/></p> <p>The Adult Support and Protection Committee (via the ASPC Quality Assurance Sub-group)</p> <p>The Safeguarding Board</p> <p>Not Applicable <input type="checkbox"/></p>

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Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) Note the contents of this report; and b) Approve the recommendation(s) of the audit, namely, to move to a biennial audit as opposed to annual.
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Relevance to Integration Joint Board Strategic Plan:	
The report is relevant to the IJB Strategic Plan in the following ways:	
<ul style="list-style-type: none">• The services covered within the IJB Strategic Plan all have varying levels of involvement with Adult Support and Protection work and, for the most part, are within scope of the Adult Support and Protection (Scotland) Act 2007.• It provides assurance(s) to the IJB that the ASP work across the partnership and across wider partnerships is delivering on its vision(s) laid out within the Strategic Plan, namely “supporting people to flourish and live healthier, more fulfilled lives.• It provides assurance(s) to the IJB that the ASP work across the partnership and across wider partnerships are working to the ‘Strategic Priorities’ laid out within the ‘Strategic Plan’ namely, priority 4: ‘strengthening communities to reduce harm’. The audit activity ensures scrutiny in ensuring appropriate identification and management of risk to individuals and/or groups. It supports the delivery of priority 5: A healthy, valued and supported workforce’ by identifying areas for improvement and learning, ensuring Glasgow City has a workforce that is highly skilled, trained and supported to deliver the highest standard of service.	

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	<p>The report presented adheres to the National Health and Well-being Outcomes, providing assurances to the IJB that the Health and Social Care Partnership and wider partnerships are working together to deliver on outcomes. Of the 9 outcomes, the two most relevant are:</p> <p>7) People who use health and social care services are safe from harm; and 8) People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.</p> <p>By auditing the ASP work across agencies, we quality assure the range of work underway in the city to support and protect adults at risk of harm, ensuring they are safer as a result of our intervention(s). The audit work better allows us to support staff involved in this work continue to develop the range of knowledge, skills and values required to support and protect adults at risk of harm.</p>
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Personnel:	There are no direct personnel implications as a result of the content of this paper.
Carers:	There are no implications for carers as a result of this paper. The interface with ASP and Carers were not subject to audit.
Provider Organisations:	There are no implications for provider organisations as a result of the content of this paper.
Equalities:	An Equality Impact Assessment was not completed for the purpose of the audit. The view would be that the Public Sector Equality Duty would not apply within the ASP audit work. Although, any proposal(s) following on from this work (e.g. a change in practice and/or policy) would likely trigger the Public Sector Equality Duty. No such changes have been recommended.
Fairer Scotland Compliance:	Regard to the The Fairer Scotland Duty was not required for the purpose of the audit as no decisions were taken relating to socio-economic disadvantage.
Financial:	The paper does not make any budgetary recommendation(s) therefore financial implications are n/a.
Legal:	The Adult Support and Protection (Scotland) Act 2007 places several statutory duties on the local authorities and specified 'public bodies. While it is not a statutory duty to audit the work of ASP, it is reasonably assumed, by regulators and as laid out within the guidance for Adult Support and Protection Committees, that self-evaluation work will be undertaken to drive quality assurance and improvement within ASP.
Economic Impact:	N/A - see financial above.
Sustainability:	N/A
Sustainable Procurement and Article 19:	N/A
Risk Implications:	This paper ensures risk mitigation through the approach to multi-agency self-evaluation and improvement.
Implications for Glasgow City Council:	Ensures a robust approach to the quality assurance arrangements within ASP, of which the council are the lead agency within.

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Implications for NHS Greater Glasgow & Clyde:	It ensures the aims laid out within the NHS Public Protection Accountability and Assurance framework are being met. It also supports the delivery of the Board's statutory duties within the Act, e.g. to share information, to co-operate and work collaboratively to support and protect adults and risk of harm.
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1. Purpose

- 1.1 To update the IJB Finance, Audit and Scrutiny Committee on the findings from the 2024 multi-agency audit of Adult Support and Protection in Glasgow City.

2. Background

- 2.1 Adult Support and Protection (ASP) arrangements within Glasgow City are subject to an annual Tripartite Audit undertaken by Social Work, Health and Police Scotland. The Joint Audit represents a key strength of our self-evaluation processes and related governance arrangements. This audit activity helps to identify and track, positive practice and areas for development. It also provides assurances of the effectiveness of our ASP processes.
- 2.2 The focus of the 2024 Audit was to:
- “Consider if adults at risk of harm are appropriately supported and protected at the different stages of ASP intervention, including Inquiry, Investigation and Protection Planning.”***
- 2.3 The Audit considered areas of ASP activity (inquiries, investigations, case conferences, protection plans) from the period January – June 2024 were health (excluding GPs), or Police Scotland were the source of referral. There was a total of 1,096 referrals in scope. From this total, 20 cases were audited, which ended at the inquiry stage and 57 investigations completed in the period were audited. All investigation(s) undertaken within the period were health or police where the referrer was subject to audit.

3. Findings

- 3.1 The main findings are highlighted as follows:
- 3.1.1 Chronologies

- In this year's audit almost all the chronologies (93%) of key risk events were contained in the investigation e-form (risk assessment). These risk chronologies were rated highly (85%), with just 15% rated adequate or

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weak. This continues the improvement seen in the 2023 audit. This has been a focus for training since 2022.

- There were chronology recordings in the Life Events Screen in 79% of the cases at Investigation Stage. Where a chronology was recorded, 36% were rated highly, however just under half (49%) were rated *adequate*, 11% *weak* and 4% *unsatisfactory*. The percentage rated highly has improved slightly from the 2023 audit (33%) and the increase in the number rated *adequate* (+11% points from 2023) has been from a move from those rated *weak* (-7 % points) and *unsatisfactory* (-6 % points) in 2023. Twelve (21%) of the 57 cases at Investigation had no chronology recordings in the Life Events Screen.

The implementation of the 'Life Events' chronology is in its infancy. The above shows that chronologies contained within the ASP investigation are improving, while general chronologies require further improvement. The continued implementation of the wider 'Life Events' chronology will hopefully drive the improvement required.

3.1.2 Case Conferences

- Case Conferences have continued to see improvements from the previous audit.
- With all Initial Case Conferences appropriately recording attendees / non-attenders. The flexible approach to the format of Case Conferences including in-person and online/hybrid approaches seen in 2023 has continued into 2024. Ensuring the identification of those in attendance, or not, better allows us to track adult participation (see below).
- Almost all (81%) Case Conferences were held in a time frame suitable for the adult at risk.
- Almost all (97%) the Case Conferences effectively determined what needed to be done to ensure the adult at risk of harm was safe, protected, and supported.
- Almost all Initial Case Conferences involved relevant partners, were conducted to a high-quality standard, and effectively determined what needed to be done to support and protect the adult at risk of harm.

3.1.3 Adult Participation

- The adult at risk of harm was invited to 23 of the 31 Initial Case Conferences held (+12- percentage points from 2023) and 14 adults at risk attended. Four of the adults who did not attend were represented by an advocate at the Initial Case Conference.
- To establish any improvements to this area of recording, file readers recorded the reasons given for the non-attendance at the Initial Case

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Conference. Reasons were recorded for eight of the nine adults at risk who were invited but did not attend the Initial Case Conference. These included factors such as choosing not to engage and significant cognitive impairment.

- The 2024 audit confirms previous findings that staff are robust at offering advocacy support. Advocacy was offered or considered but not thought necessary in all cases which proceeded to Investigation and beyond.
- 13 (62%) recorded the views of the adult and a further 2 recorded the views of the advocate and legal guardian or an “agreed” note from the adult, therefore in 15 of the 21 cases (71%), views were recorded. In three cases the adult chose not to engage, excluding these three cases of non-engagement increases the percentage of views recorded to 84%, and in a further three cases there is nothing recorded

3.1.4 Police Scotland and Health

- At Investigation stage, 18 (32%) cases had suspected criminality. In 14 (78%) of the 18 cases, the Police were appropriately consulted/involved, an improving picture from previous audits, (2023=67%, 2022=50%).
- Almost all Police referrals contain relevant ASP referral, chronology and evidence of a supervisory role. Where appropriate, the Storm incident record had all the relevant information in 83% of the cases, with room to improve the detail of the remainder.
- 63% of Police referrals applied the 3-point test appropriately, a drop from the 2023 figure of 90%, while in 68% of their referrals, the Police obtained consent to share information.
- In almost all the Police referrals, the concern hub shared the concern report with partners timeously, and the Police initial response was appropriate in terms of adult support and protection.
- Most Health referrals were submitted timeously, with explanations given for when this was not the case. File readers found most (70%) referrals had all the relevant ASP information (with partial, 84%), however, only 18 (53%) had Chronology recorded, rising to 68% when partially recorded cases were included. Positively, the Chronology recording had increased significantly from a lower base of 25% in the 2023 audit.
- In 95% of cases at Duty to Inquire (DTI) stage, information was shared with partner agencies, a 16%-point increase and significant improvement on the 2023 and 2022 audits.
- Where appropriate, partners sought and took into account the adult’s views in 15 of the 20 cases which stopped at the DTI stage (75%) cases, slightly lower than the 2023 figure of 79%.

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3.1.5 ASP Stages

- In 63 (86%) cases, the inquiry was conducted in a timescale in keeping with the needs of the adult, this is an improvement on the 2023 figure of 74% and a slight improvement to the 2022 (82%) audit
- Investigative powers were used in 42 of the 77 cases (55%), and 52% and of those, 42 cases were carried out by a Council Officer. Interviews and visits were used mostly, with examination or records and medical examination used only in around 6 cases
- 58 (75%) DTIs were rated *excellent/ very good/ good*, 14 (18%) was viewed as *adequate*, 4 (5%) were rated weak and 1 (1%) were rated as *unsatisfactory*. The percentage rated *excellent/ very good/ good* has increased by 14-percentage points from the 2022 audit and 9-percentage points from the 2023 audit
- Rating the DTIs, the file readers commented on the need for greater depth in some of the files at DTI stage, the involvement of partner agencies, specifically the Police and CPN, risks identified but not followed up and actions or decision making not documented. Just over half of the statements where the DTI was rated *adequate* or *negative* commented about the lack of detail given for the DTI
- The file readers were asked to comment on cases which should have gone onto Investigation. Five cases which stopped at DTI were considered to have needed Investigation. Reasons given included: ongoing and unmitigated risk; lack of support plan; the escalation protocol and repeat of ongoing concerns
- 21 Protection Plans were completed, and all (100%) were drawn up timeously following on from the initial case conference
- 100% of the Protection Plans accurately reflected the expected contributions of relevant others such as key agencies, this is in line with the 2023 findings and continues the improvement seen from the 2022 audit. All Protection Plans reflected ASP concerns appropriately

3.1.6 Previous audit work has had to exclude referrals from GPs and the Scottish Ambulance Service as a consequence of having no file readers and/or systems access to these areas. We are pleased to report that the 2024 Audit included a supplementary audit, undertaken in partnership with Glasgow City ASP team and the Scottish Ambulance Service. A summary of this audit and associated findings are noted as follows:

- A sample of 85 individuals, in the 2023-2024 financial year who were subject to an inquiry and/or investigation under ASP was shared with the Scottish Ambulance Service (SAS). The aim of the audit activity was to cross reference these individuals in SAS systems to check if they had any SAS involvement (7 days prior and 7 days following the date

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provided for commencement of the Duty of Inquiry/Investigation) and check the number of referrals submitted by SAS colleagues. It was noted this could identify, as other audits have done, detail on number of possible missed referrals to help guide positive learning improvements.

- Of 85 individuals, 12 people had SAS contact over a 15-day window, on 22 occasions (SAS incidents).
- From the clinical notes in SAS systems when considering belief that the three-point criteria could apply, of the 22 incidents 10 (45%) appeared to warrant a ASP referral (AP1) and 12 (55%) did not appear to warrant an AP1 referral.
- Of the 9 incidents attended where it was felt a referral was indicated 2 AP1 referrals were made (22%)
- Of the remaining 7 incidences* where it was felt a AP1 was indicated
 - five individuals had themes of: complex acute or chronic mental health presentations and that the individual had carried out significant self-harm, the individual had expressed suicidal ideation and additionally had issues relating to substance misuse.
 - The remaining individuals had a serious physical lifelong health condition and were either neglecting their own critical health needs and/or there was evidence of self-neglect in conjunction with addiction issues.

* It should be noted that although an AP1 was not submitted for these individuals they were safeguarded in wider ways such as conveyance to hospital setting and their healthcare needs were fully met.

- The care outcomes of conveyance and meeting Emergency and Urgent health care needs were done to a high standard by the SAS crews involved. The common presentation themes of harm, risk or abuse were consistent with previous audit findings nationally carried out of complex, chronic mental health issues with an acute presentation and individuals with themes of self-neglect or addiction issues.
- The referral identified had a final aggregate percentage score of 65% compliance with our 10 parameters, demonstrating some areas of good practice with noted areas for improvement. There was good compliance with the SAS National Referral Process and clear identification of risks or concerns. It was noted that some additional context of why the context of why SAS were called to attend and at what date and time as well as a clear care outcome would further strengthen referrals.

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4. Final Remarks and Recommendation

- 4.1 The full audit report will be presented at the Adult Support and Protection Committee (ASPC) in June 2025. Following on from this, a multi-agency Improvement Plan will be devised and monitored by the ASPCs Quality Assurance Sub-group.
- 4.2 The overall findings, highlighted above, illustrate the significant strengths within our current ASP arrangements across Social Work, Health, Police Scotland and the Scottish Ambulance Service. We have a strong foundation to take forward the actions that will be identified for improvement. It is clear to establish that we have made significant improvements from the 2023 Audit, as highlighted above. The 2024 Audit provides assurances that those cases that progress to the fuller investigation stage are managed with continued dedication and skill amongst our workforces. Notwithstanding, the vast majority of our ASP work is undertaken at the inquiry stage and there are areas for learning and further scrutiny within that stage of the process to ensure the same quality standards are met.
- 4.3 To focus on developing and delivering on an Improvement Plan, the ASP team (endorsed by the ASPC and the Chief Officers Group) are recommending that the audit arrangements move to biennial. This will allow us to focus time and resource on delivering on the improvement actions to be identified.
- 4.4 The Care Inspectorate has also recently published a national Quality Improvement Framework [Quality framework for ASP September 2024.pdf](#), moving our multi-agency audit work to biennial will allow us to better consider how we can make best use of this QIF in incorporating its indicators into our self-evaluation framework.
- 4.5 It will further give us the opportunity to consider smaller scale pieces of self-evaluation work, to ensure a robust and varied approach to audit and performance e.g. considering a deeper dive into those that end at inquiry stage.

5. Recommendations

- 5.1 The IJB Finance, Audit and Scrutiny is asked to:
- a) Note the contents of this report; and
 - b) Approve the recommendation(s) of the audit, namely, to move to a biennial audit as opposed to annual.

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