

Moray Adult Protection Committee

Biennial Report

2012-2014



Contents

Item No.	Report Structure	Page No.
	Independent Convener's Foreword	3
1	Introduction and Context: <ul style="list-style-type: none"> • Grampian Policy • Grampian-wide Code of Practice • Current Working of the Committee, short working groups and sub-groups • Accountability and Governance 	5
2	Executive Summary <ul style="list-style-type: none"> • Government recommendations • Raising Awareness and Public Information Activity • Other Areas of Achievement • Ministerial Feedback • Implementation of the Improvement Plan 	8
3	Outcomes for Service-users and Carers: <ul style="list-style-type: none"> • Feedback from Service-users and Carers on the adult protection process • Effectiveness of service-user/carer representation to Committee • Encouraging the use of Advocacy • Advocacy North East • Communication and Advocacy • Commentary of ASP involvement with hard to reach and minority groups 	13
4	Performance <ul style="list-style-type: none"> • Introduction and Context • Statistics based on national datasets • Analysis of impacts, trends, comparators and triggers • Staff Management – ASP Staff and the Adult Protection Unit • Police Scotland Arrangements for the Management of Adult Protection • Audit and Quality Monitoring 	16
5	Training and Staff Development <ul style="list-style-type: none"> • The impact of ASP work on staff • Learning and Development 	20
6	Effective partnership <ul style="list-style-type: none"> • Moray's Public Protection Partnership • Sharing Information • National Priorities and Sharing Good Practice • Key legislation, enquiries and reports • Significant Case Review • Learning Events 	25
7	Future Plans and Recommendations	35
8	Bibliography and References	36

Independent Convener's Foreword

As Independent Convener of the Adult Protection Committee, it is my privilege to submit the third Biennial Report in terms of Section 46 of the Adult Support and Protection (Scotland) Act 2007, reflecting the work of the Committee during the period 1 April 2012 – 31 March 2014.

The Committee has continued to develop during the reporting period, particularly in relation to the involvement of an extended network of partner agencies contributing to the work of the Committee, and I continue to be impressed by the genuine commitment of staff from partner agencies in their endeavours to support and protect adults in our society who are at risk of harm. I am pleased to report that the Scottish Ambulance Service and Grampian Fire and Rescue Service (since 1 April 2013, the Scottish Fire and Rescue Service) have joined the Committee during the reporting period and their participation and contribution is welcomed. Indeed, it is my understanding that the involvement of the Scottish Ambulance Service in the work of the three Adult Protection Committees in the north east of Scotland has led the way in the participation of the Service in other areas of the country. I am grateful to staff from partner agencies in the north east, particularly NHS Grampian, for the assistance they have provided to the Ambulance Service, and to the Fire Service, in developing staff training modules for these organisations.

In my previous Report, I commended the partnership working arrangements which exist across the Grampian area, involving Aberdeen City Council, Aberdeenshire Council, The Moray Council, NHS Grampian and Grampian Police (since 1 April 2013, Police Scotland). This is still very much in evidence and I believe the arrangements, which are particularly strong at an operational level by way of the Grampian Adult Protection Working Group (the Working Group), and also at a strategic level through the appointment of a shared Independent Convener, is effective and efficient, and helps to deliver a consistent service to the residents of the three Local Authority areas across the north east.

I have been particularly keen to reach those in minority and ethnic groups to make them aware of Adult Support and Protection, and what to do if there are concerns. The assistance of Grampian Regional Equality Council Ltd (GREC) has been especially helpful in identifying the means by which this can be achieved and the attendance of GREC at the Working Group has been welcome. Similarly, the involvement of Street Pastors, an inter-denominational faith group, has also been introduced and I look forward to their participation and contribution being developed. Currently, Street Pastors operate in Aberdeen City, and through this have had some contact with people living in Aberdeenshire and have also extended their work into Moray. Additionally, Third Sector representation has now been introduced to the Working Group, which will aid contact not only with minority groups but also with users of the Adult Support and Protection services and their carers.

A particular focus of the Committee during the reporting period has been to learn from reports on adverse events nationally, and to consider the recommendations contained in these reports. This is undertaken by the Working Group which then ensures the recommendations are implemented, where necessary, on behalf of the Committee. Examples include the recommendations contained in the report: 'Hidden in Plain Sight' from the Equality and Human Rights Commission as well as those included in the report on Winterbourne View Hospital. Similarly, the Working Group considers best practice and ensures it is also

appropriately shared and implemented on behalf of the Committee.

During the reporting period, there was confusion, for a lengthy period, on the role of the Care Inspectorate on the Committee. Despite this, work at an operational level continued satisfactorily, and it was only towards the end of the reporting period that the situation regarding Committee membership was clarified. The Care Inspectorate has an important part to play in the support and protection of adults who are at risk of harm and I am pleased that the issue of Committee membership has now become clearer.

Looking ahead, there is much work to do, particularly in relation to awareness of Adult Support and Protection by the public, which needs to be greatly increased. Although work continues to be carried out locally to address this, in my opinion, a longer term, strategic approach, led by the Scottish Government and complemented by local initiatives, is necessary so that the public can recognise harm and know what to do if they have concerns. The impact of Self Directed Support, and the forthcoming integration of Health and Social Care, are areas of work which the Committee will want to monitor insofar as they relate to Adult Support and Protection, and the work-streams emerging from the Scottish Government's national priorities will be added to the Committee's Implementation Plan, along with actions which have been identified at a local level.

Finally, I wish to record my thanks to Committee members, to Adult Support and Protection staff, and to those who have provided administrative support, for all of their work and look forward to continuing and developing our efforts to support and protect those adults in our society who are at risk of harm.

Albert J Donald
Independent Convener
October 2014

Introduction and Context

Introduction

This is the third biennial report submitted to the Scottish Government by the Moray Adult Protection Committee (MAPC). It outlines work that has been undertaken in Moray to support and protect adults at risk of harm from 1 April 2012 to 31 March 2014

Grampian Policy

MAPC shares an Independent Convener with Aberdeen City and Aberdeenshire APCs. This helps to facilitate consistency between the three local authority areas and their partners. The three APCs share the Grampian Interagency Policy and Procedure for the Support and Protection of Adults at Risk of Harm ('The Policy'):

<http://www.aberdeenshire.gov.uk/about/departments/FinalAdultSupportProtectionPolicy2012.pdf> . The policy is underpinned by the Grampian wide adult support and protection training programme.

The Policy was initially produced in response to the growing awareness and documentation of the range, level and frequency of harm towards adults. It was developed to provide a framework to enable appropriate recognition and response to situations where adults may be at risk of harm.

The Policy was based on a pre-existing multi-agency vulnerable adults' policy, which was first reviewed and revised in October 2008, to take account of the Adult Support and Protection (Scotland) Act 2007 and the associated Code of Practice. It was again reviewed and updated in September 2011 to take account of growing experience and knowledge of staff working in adult support and protection and will be further reviewed in 2014/15.

In May 2012 Aberdeen City hosted, on behalf of the Grampian Partnership, what became a national conference on adult protection. Multi-agency working was showcased at the conference. The presentation was delivered by representatives of NHS Grampian and Grampian Police and showed how the three Councils in Grampian work together, with NHS, Police and other partners, to have a consistent Grampian approach.

When the ASP legislation was introduced, clear pathways were agreed by all partners by looking at areas that were agreed as challenging and which required processes and guidance. Through this process joint policies have been developed, for example: Grampian Interagency Policy for Adults at Risk of Harm; Information Sharing Protocol; Medical Examination Protocol; Significant Case Review Protocol; Large Scale Investigations Protocol.

A key strength is effective partnership working. Much of the success of multi-agency working is due to having shared multi-agency policies and plans, not separate ones, for different organisations. Communication is supported between the partners on the basis of a no blame culture. Key people with awareness and involvement in adult protection are identified in each organisation. This assists a speedy response when issues are identified which need to be resolved.

A prime example is the approach taken to the concerns raised by the three Councils in Grampian about the volume of police concern forms that were being received which were not assessed to be adult protection. By working jointly with Grampian Police and NHS Grampian,

the referral rate to adult protection dropped significantly.

This has not been an easy process but through understanding the remit of different agencies, it has been possible to signpost non-adult protection referrals to the most appropriate service (Health or Social Work). The process involves consent to information sharing by the individuals concerned being gained by front line police, screening by a police referral unit, joint discussion between police and social work and a single point of contact in health to enable information to be passed to GPs.

Grampian wide - Code of Practice

The Scottish Government indicated its intention to review and revise the Code of Practice to the 2007 Act in 2012. As a result, the Government asked for volunteers from the wider adult support and protection community to participate and provide their expertise to the revision via a 'review group'. The Aberdeen City Adult Protection Unit Coordinator joined the review group – representing all three Grampian areas – providing an operational perspective for the new version of the Code.

Participation in the review group continued through 2012 and 2013, with the final revised Code of Practice released just after the current Biennial reporting period.

Current working of the Committee, short working groups, and sub-groups

The MAPC is a constituted Committee. Its constitution details the membership of the group, frequency of meetings, accountability and governance arrangements. As before, the Committee can report on the continuation of robust joint working and partnership participation. All key agencies involved have maintained their commitment to the MAPC. Membership of the Committee has been enhanced by the addition of representatives from the Ambulance Service and Fire and Rescue Service. Elected member representation has informed discussions. The constitution was reviewed in early 2014 to reflect changes in partnership arrangements. This was endorsed by the Committee in March 2014. During this reporting period, the Committee convened on thirteen occasions.

The Chief Inspector based at Elgin continues to represent Police Scotland on the MAPC and is supported by Police Scotland's Adult Protection Co-ordinator for A and B Divisions.

To assist MAPC in fulfilling its multi-agency functions and responsibilities, a series of short life working groups have been established to take forward the work of the Committee. In addition to these there are two Sub Groups which meet on a regular basis to address the key functions of MAPC:

- Grampian Working Group;
- Grampian Joint Training group.

The short life working groups have covered the following areas, where much of the focus of their work has been channelled through learning from the outcomes of the Winterbourne Report and the report "Hidden in Plain Sight":

- Public information and awareness;
- Data collection systems;
- Multi agency auditing;

- Committee self- evaluation;
- Workforce development and learning;
- Engagement and awareness in care homes.

The Adult Protection Committee

Arrangements are in place for ensuring that consideration is given to relevant reports and published enquires (for example by the Mental Welfare Commission). These are added to the Committee's agenda as and when appropriate and the Consultant Practitioner in Adult Protection is tasked with bringing these to the attention of the Committee for discussion. The Committee then agrees those that are relevant to adult protection activity and, if required, ask the Grampian Working Group to report back any recommendations.

The Grampian Working Group

The Grampian Working Group is a sub group working across all 3 local authority areas in Grampian and its partner agencies. It consists of a core group of representatives from Aberdeen City, Aberdeenshire and Moray Councils, Police Scotland and NHS Grampian, with additional members joining the group when required to assist with tasks. The work of the Group is directed by the APCs. Its role is to use a learning approach to encourage and promote joint working and the sharing of good practice across the multi-disciplinary context

The Grampian Joint Training Group

The training resource in Moray is shared with the Grampian Trainer's group which meets bi-monthly to develop and review on-going training initiatives. During this reporting period, it has developed a Grampian wide training strategy which is expanded on within the training section of this report.

Accountability and Governance

During February and March 2014, the Committee undertook an evaluation of their understanding of its role, and it is the Committee's intention to hold a follow up workshop event to support continued development.

The MAPC established links to the Moray Public Protection Forum. This group has recently undergone a review of its role and function but the link between the wider public protection agenda and the MAPC will continue.

The MAPC has also continued to report on its activity to the Moray Community Planning Partnership, although this arrangement is under review to reflect the anticipated changes with the integration agenda.

The Adult Protection Committee reports quarterly to the Chief Officers' Group on Public Protection. This reporting arrangement provides a mechanism to oversee the work of public protection across the three Council areas.

NHS ASP Governance Arrangements

NHS Grampian has robust governance arrangements for adult protection mirroring formal arrangements in place for child protection, and the NHS Grampian ASP Lead is required to report to the NHS Grampian Clinical Governance Committee biannually.

Executive Summary

Government Recommendations

In the second Biennial Report, a number of key areas for attention during 2012 to 2014 were identified and an outline of progress is provided below.

Raising Awareness and Public Information Activity

Raising awareness continues to be a key priority for the MAPC and it was agreed in 2013 that a more effective public information campaign would be achieved by a joint Grampian wide approach. There was initial agreement on the establishment of a sub group to take this forward however reorganisation of two of the participating partner organisations delayed the allocation of resources. MAPC subsequently established a small working group to develop an action plan for Moray which was agreed in 2013. Implementation of the action plan has been found to be a resource intensive activity and limited resources resulted in further delays, but it is acknowledged that to succeed in this objective there has to be ongoing commitment. It has therefore been negotiated with the local authority that some additional resources will be provided and the recruitment and appointment of a Communication and Engagement officer is awaited who will assist with taking the planned campaign forward.

The local authority lead Officer and the training officer have continued to deliver raising awareness sessions across the Council, NHS, Third Sector, Advocacy, and Care Providers. An area that requires particular mention is the briefing and links made with Soldiers Sailors and Family Association (SSAFA) and local church connections. In response to the Winterbourne report, a primary focus has been on raising awareness of adult support and protection in a care home setting with care home provider services. Additional “training for trainers” sessions have been delivered and a risk assessment tool has been developed to help identify when a service user to service user incident requires reporting to the adult protection unit.

Police Scotland’s Adult Protection Co-ordinator has delivered presentations to partners, third sector organisations and the public on the responsibilities the Act places on the Police as a statutory body and how the Police fulfil these responsibilities.

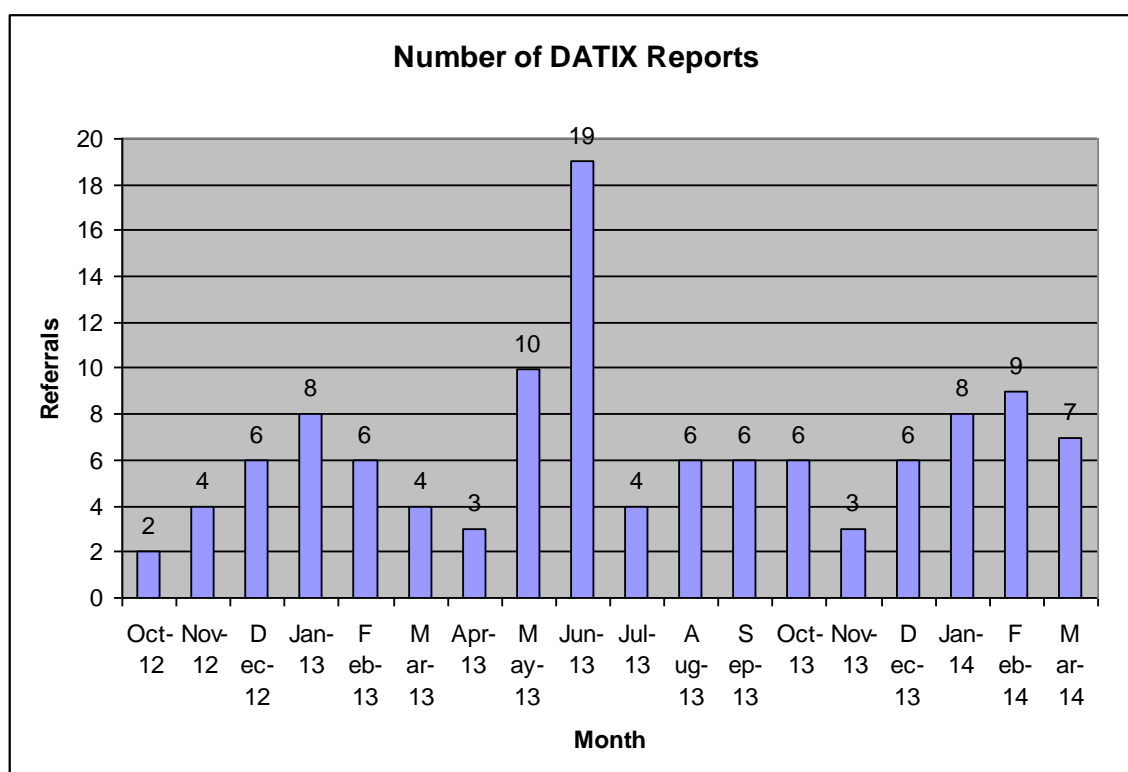
Publication of Information for police staff

Staff based in A and B Divisions of Police Scotland have access to Adult Support and Protection information on the legacy Grampian Police intranet. This information includes the Grampian Policy, Code of Practice and Grampian protocols. Guidance on information sharing and consent is available as well as information on the role to be played by Police in Protection Orders and Warrants

NHS Grampian awareness rising activity

NHS Grampian was one of the pioneers using the incident reporting system DATIX¹ to assist with early identification of ASP concerns. Changes were made to the internal recording system, DATIX, to incorporate prompts to staff and facilitate reporting of concerns. This approach ensures that NHS staff are required to actively consider adult support and protection. The ASP section of DATIX underwent a robust review in October 2012 and the amendments made now ensure that staff have a mandatory field reinforcing the requirement to report concerns to the Council. A number of other health board areas across Scotland have requested information on how this has been achieved. Adult protection concerns recorded on DATIX provide vital data that can be used to assist with meeting the NHS legal duty to co-operate and support learning and development activity.

Across NHS Grampian in the period October 2012 to March 2014, a total of 117 ASP DATIX reports were completed by NHS Grampian employees.



NHS Grampian Service Level Agreements

NHS Grampian service level agreements for contracted services e.g. Pharmacy includes detailed information on staff responsibilities and duties in relation to adult protection legal duties.

NHS Grampian HR and review of related NHS Policies

With over 15,000 employees in NHS Grampian it is crucial that key departments have a more bespoke understanding of ASP and their specific responsibilities in relation to their key

¹ Datix is a patient safety and risk management software application that enables users to spot trends as incidents/adverse events occur and reduce future harm

functions This has been particularly important for NHS Grampian's HR and Feedback (Complaints) teams where it is essential they recognise concerns regarding behaviours that in addition to investigation under NHS Grampian policies and procedures may also require reporting under the ASP legislation. A systematic review of related NHS policies has ensured strengthened processes to support the reporting of ASP concerns. For example NHS Grampian revised its Gender Based Violence policy to ensure that there are clear links to ASP guidance. Links have also been made with mandatory child protection eLearning again to raise awareness of ASP.

Promotional Materials

Existing leaflets and posters have undergone an accessibility audit. This was conducted in consultation with the neighbouring authority in Aberdeenshire and a speech and language therapist with experience in this. The language in promotional materials has subsequently been amended and will replace existing information leaflets in the coming months. This will link with the planned awareness raising communication strategy scheduled to begin in 2015 and take advantage of national materials.

Events

In August 2012, Moray hosted a public awareness raising event that included a theatre production on the financial harm of older people, organised with the support of the local Church of Scotland. This was held in Elgin Town Hall with an open invitation to the public being managed by media coverage. There were also stalls manned by Trading Standards Officers and Fire and Rescue staff. Attendees were asked to complete pre and post event questionnaires on their understanding of adults at risk of harm and when to report a concern. The event was well received and it is the intention to repeat this as the concluding part of the planned communications strategy. The post evaluation questionnaires indicated that the event had been successful in raising the participant awareness in comparison with the pre-event questionnaires that were distributed to attendees.

Data Collection Retrieval

As stated in the 2010/12 Biennial Report on management information, Moray had developed a reliable data collection system. The council has continued to refine its data collection systems in line with the development of the national data set. Therefore since April 2010, greater consistency in baseline data capture has been achieved. At different times, various categories have been added to the information that were felt to be useful for the Committee, however the baseline data remains unchanged. Reports are produced for the adult protection consultant practitioner on a bi monthly basis which readily reflects the up-to-date picture of adult support and protection activity for the Committee. It is the intention to further streamline information collated on the different protection meetings in order to capture this activity more robustly.

Joint Auditing Mechanism

In the second biennial report, the need to establish a joint partnership auditing tool was identified. It has now been developed and is a formal case file evaluation process designed to evaluate inter-agency working. The process is based on the Scottish Patient Safety model of case file examination and the outcomes from the James Hogg audit tool. A working group piloted the tool using three cases. The outcome identified the tool was robust enough to highlight concerns regarding protection and interagency working. It was

amended slightly following the pilot and a further review of three cases was undertaken. From that audit there was evidence of co-operation between agencies in order to protect an adult at risk. It was also identified that there was a need to strengthen recording of actions and activities. To assist with local authority recording a further supervisory meeting has been added to the investigatory process to monitor outcomes. A recommendation that also arose was the need to strengthen links with specialised mental health social work services to streamline the referral system. This has now been done.

Other Areas of Achievement

Adult Procedural documentation has been amended to support Council Officer Data and Assessment recording. Incorporated in the documentation is a section that requires the Council Officer to record their professional analysis and evidenced-based decision making.

The Council has developed and disseminated a Council Officer handbook, which explains what Council Officers typically need to do to effectively conduct a non criminal investigation and provides detailed information on how to carry out an inquiry or investigation. It takes the reader through a 5-stage investigatory interview and on to medical examination risk assessments and capacity assessments as well as applying for protection orders.

All approved Council Officers are now issued with an identity badge designed to incorporate information on their authority to act under the ASP legislation to ensure improved communication when they are conducting an investigation.

A Local Authority Commissioning & Quality Officer has also assisted ASP staff in the development of tools to assist other professionals in assessing the possibility of harm to a service-user e.g. through neglect.

MAPC in line with Government guidance on GP involvement in ASP recognised that GP involvement on the Committee would increase its overall effectiveness and ability to achieve its goals. Over the past two years, the Committee has found it challenging to recruit a GP representative and a variety of ways have been considered and tried without success. The Committee therefore decided to make use of existing groups attended by GPs and to formally make a link to these. One such group is the Moray Health and Social Care Partnership. It meets fortnightly and involves clinical leads for Moray, the Community Health Partnership leads and Local Authority leads.

The Adult Protection Unit has developed joint working relationships with colleagues in Trading Standards. The unit initially provided awareness briefings on adult protection particularly on identifying and reporting concerns. This has resulted in joint work and joint visits. It was agreed to pool resources to secure funding for several True Call Systems² and Trading Standards Officers have agreed to manage this service on behalf of the council.

² **TrueCall** acts as a gateway to a phone blocking known nuisance numbers thereby preventing unwanted calls letting through, only the calls that are wanted get through; and recording and analysing data from the system allow us to monitor scam calls.

Ministerial Feedback

The MAPC acknowledge the Ekosgen 2010-2012 biennial report summary, and note the following comments from this document:-

- Changes to the way Moray engage with services user post investigation.
- Continuation of quality assurance work
- Improvement to data collection retrieval.

Implementation of the Improvement Plan

The Committee has established an Implementation/Action Plan to set a framework for managing its workload and establishing its priorities. This plan is reviewed at each Adult Protection Committee meeting and constitutes the agreed priorities for 2012 to 2014. The priority objectives of the Implementation/Action Plan are:-

- To raise public awareness of adult protection issues
- To develop a quality assurance system to ensure that services meet the needs of adults at risk
- To develop a local response to the five national priorities
- To support staff to undertake their duties to protect adults at risk
- To engage in work to target efficiencies that can be made by the three authorities working in partnership
- To extend the network of partners supporting ASP work including ambulance and fire & rescue services.
- To train other agencies in ASP processes as part of implementing the Learning & Development Strategy.

Implementation of the Improvement Plan

Current workload obligations have on occasion meant that some of deadlines and targets have not always been met, however the Committee is consistent in its goal to meet priorities. A decision has been taken to revise the current arrangements for monitoring the plan and will be reported in the biennial report 2014 to 2016. The Committee continues to make good progress in the areas identified as National Priorities (see table below):

Improvement Plan – focus of activity and resources

Activity	Lead agency
Adult protection in Care Home Settings	Local Authority
Assessment of ASP - accident and emergency admissions	NHS Grampian
Adults at risk of financial harm	Police Scotland
Data protection	Local Authority
Service-user and Carer involvement	Local Authority

Outcomes for Service-users and Carers

Feedback from Service-users and Carers on the adult protection process

The main focus since the last report has been to gather service user and carers' views on the adult protection processes and establish if they felt safer as a result of an ASP intervention. Originally ten service users and two carers were approached but subsequent to this, only six service users and two carers were interviewed as four of the service users felt that events that led to an ASP investigation had been too traumatic for them to wish to engage with a review. It may be an option to do so at a later date once they have had more time to recover and come to terms with what happened.

Those interviewed viewed their situation with mixed feelings; there were both positive and negative comments. Five out of the six agreed they needed help to resolve their situation. All but one respondent indicated they knew why the social worker had come to see them. Generally, where support and protection had been used, service users reported feeling safer and positive about the measures and they recognised they were receiving better physical care and were safer.

In one particular case the person was very clear from the outset about the process and had a very positive view of the protection plan, stating;

“That the presence of social work in their life made them feel safer and that there was someone who would listen to them and had an understanding of their situation”

In a number of instances the loss of significant personal relationships was difficult to come to terms with. One of the carers interviewed indicated they had lost trust in their care providers as they had raised the concern.

In one case, where a banning order was used, there were significant gains for that person in terms of their re-engagement in social activities and other family relationships, however this was marred by the loss of a close relationship that was still keenly felt by the service-user.

A key area of anxiety was the case conference. People were reticent to engage in this formal process. Unless there is a serious contraindication to their presence, the service user will always be invited, together with their advocate or other supporter. Every effort is made to make these meetings user friendly including making sure that the person has time to meet with the Chair prior to the meeting, checking that the service user has understood the purpose of the meeting, offering breaks, time out if they become upset, providing information in accessible formats and arranging the meeting at a time and venue to suit them. A future development for the ASP unit and the Committee may well be to look at developing alternative options to a case conference.

Effectiveness of service-user/carers representation on the Committee

The Committee trialled having service-users/carers as members but found they felt out of their depth and unable to truly reflect the wider views of other service-users/carers. Therefore, the Committee agreed that enhancing the involvement of advocacy services and developing service user feedback would be a better way of expressing the views of service-users and carers.

Encouraging the Use of Advocacy

The interests of the the service users and carers are represented by Advocacy North East. The manager of the advocacy service maintains a strong link with the lead officer and they meet twice yearly along with the advocacy team to share information and learning. The use of independent advocacy in the ASP process is encouraged and advocacy services are routinely offered to the service-user but the stress and emotion of the situation can make it difficult for service-users to comprehend the advantages of advocacy involvement. It is proposed to improve written information and support at times of crisis to ensure an increased uptake of advocacy services. Thereby, advocacy will be better able to reflect the views of people involved in the ASP process at the Committee.

Advocacy North-East (ANE) (Moray)

ANE believe that the Scottish Government recognises the important role that advocacy plays in helping to safeguard people who may be at risk of being treated unfairly as a result of individual, social and environmental circumstances that make them vulnerable³ but identified that the essential role of independent advocacy within adult protection is not widely recognised across all sectors of society and, more specifically, by those associated with the provision of Health and Social Care services. In order to address this issue, Advocacy North East (Moray), implemented a wide ranging promotion and engagement strategy during 2012/13 to raise awareness of the role and remit of the organisation.

In addition, and in collaboration with the Moray Council APU training team, Advocacy North East (Moray) delivers information on Independent advocacy, on a continuing basis, within the established modular Adult Protection Training. As a direct result of this collaboration, during this reporting period, more than 120 people have received information specifically in relation to the role of Independent advocacy within Adult support and Protection.

Advocacy North East (Moray) is often directly involved with people who fall within the scope of Adult Protection and prioritise referrals received within this context to ensure that independent advocacy is made available to vulnerable adults within the community.

The Manager and advocacy team maintain strong links with the AP Consultant Practitioner and meet to ensure shared learning in relation to areas of practice and problem solving. In addition, Advocacy North East (Moray) is able to provide an alternative source of constructive feedback about how well ASP processes are meeting the needs of vulnerable people, inform future needs and priorities, whilst protecting the confidentiality of individuals.

Communication and Advocacy

NHS Grampian Speech and Language Therapy staff who support adults with learning disabilities in collaboration with the NHS Joint Training Co-ordinator have developed a training package for service users with communication needs called “Keeping you safe from harm”. The session with service users lasts an hour. It is intended to offer a “training for

³ Alex Neil. Cabinet Secretary for Health and Wellbeing. Independent Advocacy- Guide for Commissioners. NHS Scotland/The Scottish Government 2013

trainers' course to a wide range of service providers in 2014 with the intention that anyone who attends the course will then deliver five sessions over the coming year to service users in their organization. The aim is to raise awareness of ASP to potential adults at risk of harm in a way that is sustainable, strengthens third sector partnership working and ownership, and empowers service users to protect themselves.

Commentary of ASP involvement with hard to reach and minority groups

A primary concern for the APC has been awareness raising of ASP issues with harder to reach groups. Considerable efforts have been made to reach out to ethnic minority communities and to faith groups. The Chief Executive of Grampian Regional Equalities Council (GREC) attended a meeting of the Grampian Working Group when agreement was reached that GREC would be represented at the Working Group on an annual basis, while it was also agreed that GREC personnel would attend ASP training delivered by the APU trainer.

Performance

Introduction and Context

On 1 April 2013, the eight Police Forces in Scotland amalgamated to become Police Scotland. As a result of this change being made midway through the reporting period, reference will be made to both Grampian Police, who were the Police partners in Moray, prior to 1 April 2013 and to Police Scotland, post 1 April 2013. Despite the challenges that come with such a major change, the Police have remained fully supportive of the Adult Support and Protection agenda including discharging their duties as a member of the Adult Protection Committee and associated groups.

Statistics based on national datasets

Appendix 4 reflects the identified basic trends for 2012/14, which are: referral numbers, age and gender, disability groupings, type of harm and ASP activities

Different categories regarding source of referrals was added to the data base in 2014 to show Scottish Ambulance Service separated from NHS referrals. More recently but outwith the reporting period, Fire and Rescue Service referrals have need added.

As reported in the previous biennial report, screening processes were refined and in this report, the statistical information represents “adults at risk” who have been through an early screening process by the duty social worker and deemed to meet the three point criterion before being passed to the adult protection unit. Other adults who are considered vulnerable by the referrer such as those who self-harm/ threaten self-harm, misuse substances and those in need of community care assessments are signposted to the most appropriate services which include the Alcohol and Drugs team, mental health teams, community care team and housing. It should be noted that where someone self-harms and meets the three point criterion, a referral will be made to the Adult Protection Unit.

Data information confirmed that the main reports of an adult at risk of harm are originating from formal agencies with the main referrers being Social Work, Police and Health accounting for 68% of overall referrals. Although this may indicate that local statutory services are proactive in recognising and reporting adults at risk of harm, it also infers that the community may not be as aware and the MAPC is mindful that a greater emphasis on raising awareness within the local community is required.

The incidence of different types of harm reported during the period under review identifies financial and psychological harm as the most frequently reported type of harm. Older adults and people with dementia dominated this group. People with mental health problems were most likely to be referred on the grounds of self-harm or self-neglect and as previously reported there continues to be a link to substance misuse within this group of people. Location of harm is overwhelmingly reported (75%) as being in the persons own home.

Analysis of impacts, trends, comparators and triggers

Care homes

Concerns in the national media on elder abuse in care homes led to MAPC identifying care homes as a priority area for assessing protection awareness and practice in care home settings.

Analysis of a questionnaire to local care home providers seeking information on training arrangements resulted in the Local Authority training officer providing “training for trainers” seminars on adult support and protection for care home managers and a review of its delivery. In addition to this a review of reportable incidents co-ordinated by the Local Authority commissioning team resulted in the Adult Protection lead officer and the senior commissioning officer providing targeted briefing sessions on adult protection awareness and practice and reporting processes to provider organisations. It is also proposed to develop a risk assessment tool to assess service user to service user harm.

Staff Management - ASP Staff and the Adult Protection Unit

Staff Management

The Moray Council chose to develop a small adult protection unit comprising a Consultant Practitioner in Adult Protection and a full time administrator who supports the consultant and supports the functions of the MAPC. There is also a part time (18.5 hours per week) training officer. Overall responsibility for Adult Support and Protection in Moray rests with the Head of Community Care. Professional leadership is provided by the full time Consultant Practitioner/ Lead Officer, with responsibility for adult support and protection strategic and development work, quality improvement and professional standards in ASP. The lead officer is also responsible, through matrix management arrangements, for the day to day management of adult protection referral allocation and the supervision and support of staff who undertake the direct work arising from ASP referrals. This arrangement provides a direct link between frontline staff, strategic development and the MAPC.

The need to improve systems for the protection of adults across the different protective legislations has seen Moray Council make the decision in April 2012 to move the responsibility for providing advice and guidance and co-ordination of Adults with Incapacity (AWI) activities to sit within the Moray Adult Protection Unit. This enables a clear link to be made between the Adult Support and Protection (Scotland) Act 2007 and the Adults with Incapacity (Scotland) Act 2000.

To assist with the demands this move created, additional staff were recruited including an 18 hour per week administrative post and a further consultant practitioner in social work post, who shares the responsibility with the adult protection consultant practitioner for AWI issues. Funding for these posts came from within community care resources. Further plans are in hand to strengthen the links with Mental Health services and the use made of the Mental Health (Care and Treatment) (Scotland) Act (2003). These changes will strengthen the ability to meet the range of duties and responsibilities contained within the main protective legislation, introducing a range of safeguards for people who may be subject to legislation.

Financial Arrangements

Local authority total expenditure arising from the implementation of the Adult Support & Protection (Scotland) Act 2007 amounted to £164,674 in the financial year 2012/13 and £113,855 for the financial year 2013/14. The bulk of expenditure is attributable to combined staffing and training costs with the remaining costs absorbed for ongoing Adult Protection activities.

Corporate

The Council's Legal Services team provides advice and support on the MAPC as well as at an operational level in relation to Adult Support and Protection and related legislation, such as Adults with Incapacity. Solicitors have attended Multi-agency meetings and case conferences and pursued applications for Protection Orders and Guardianship Orders where these have been required.

Housing and Housing Support

Housing and homelessness services play a key role, operationally, in recognising, reporting and supporting adults who may be at risk, offering housing and support, where appropriate, and attending case conferences.

Police Scotland Arrangements for the Management of Adult Protection

Police Scotland Referral Unit is based at Bucksburn Police Office, Aberdeen. They have a responsibility for processing the adult protection reports submitted by Officers via the Vulnerable Persons Database in Aberdeen City, Aberdeenshire and Moray. The unit consists of a Detective Inspector, three Detective Sergeants, seven Detective Constables, three Researchers and the Adult Protection Co-ordinator. Five Detective Constables screen the reports, collate information and, when necessary, refer them to partner agencies. The other two Detective Constables attend Case Conferences and Adult Protection meetings. The three researchers provide relevant information in response to requests from partner agencies. The Adult Protection Co-ordinator is integral to the communication and collaboration between Police Scotland in A and B Divisions and partner agencies, by sitting on the three APCs and associated sub-groups and undertaking a role in any joint working which requires Police input.

They also offer support and advice on Adult Protection matters to colleagues in the Divisions and will devise and undertake any Adult Protection training requirement highlighted through the scrutiny of VPD reports.

In June 2012, notification was received from the Scottish Government of its intention to allocate funding to the Scottish Police Forces for specific functions in respect of the Adult Support and Protection (Scotland) Act 2007. The breakdown of how those funds have been utilised is noted below:

Between April 2012 and March 2013, the fund for Adult Support and Protection stood at £92,812. During the period, £44,542 was utilised as follows:

£38,479 were employee costs, the majority of this being used to employ the Adult Protection Co-ordinator, who is integral to the success of excellent collaboration between the Police and statutory and non-statutory partners.

£5,713 was spent on a brochure highlighting adult and other public protection issues. This brochure was distributed throughout the former Grampian Police Force area.

£350 was spent on a mental health conference.

Permission was sought, and granted from the Scottish Government, to carry forward the unspent balance of £48,270 into April 2013. The majority of this amount went towards employee costs, and in particular, the continuation of the contract for the Adult Protection Coordinator.

From April 2013, the funding for Adult Protection became part of the national budget.

Audit and Quality Monitoring

With the development of the Commissioning and Performance function within Moray social care, it was identified that a key tool in advancing and developing the service is to have in place a strong audit and quality monitoring function.

One of the outcomes from this work has been increased joint working between the ASP function and the audit function with regard to concerns raised about possible harm to service-users, either in response to concerning trends arising from an audit or quality monitoring system, or a concern having arisen during an audit, e.g. in 2013 when the audit team were involved in an audit of sheltered housing, an enquiry was raised to ASP services after the audit staff had interviewed a service-user as part of their audit and had concerns that they were being harmed by the person they lived with.

Further development of this work currently and in the future is joint working between the Commissioning & Quality Officer and the ASP Unit in relation to the application of the Adults with Incapacity Act for service-users living in residential settings and for service-users living in the community for whom social care provide services.

The Commissioning & Quality Officer is also concerned with ensuring that equality impact assessments are carried out where required and will raise concerns with regard to service-users who may be subjected to harm through belonging to a minority or hard to reach group.

Training and Staff Development

The impact of ASP work on staff

Although there is no reliable way of identifying the impact on all agencies, of the workloads generated by adult protection activity, in particular Police, NHS, Social Work and Legal Services, it must be acknowledged that the work has placed pressure on these teams, but adult protection work is seen as a priority and this area of work has been managed successfully to date.

Learning and Development

Grampian ASP Learning and Development Group

The learning and development group is a sub-group of the GAPWG, led by the NHS Joint Training Co-ordinator. It has been long established to co-ordinate all training activities across Grampian as well as producing joint training strategies.

Strategy and Framework for 2014 -15

This training strategy has been produced to ensure that all people working in a paid or voluntary capacity with adults at risk in Moray have access to appropriate training and support. This will allow the wider workforce to carry out individual responsibilities in accordance with ASP policy and procedures and current national legislative requirements. The 2014-15 Strategy document was drafted by the Grampian ASP Learning and Development Group, and is waiting for final approval by the 3 APCs in Grampian. The strategy builds on the 2011-2013 training strategy, to include an evaluation framework and to be competency based, highlighting the key knowledge and skills required by the wider, specific and specialist workforce. Both the 2011 and the 2014 Strategies are agreed across the three Local Authorities, NHS Grampian and local divisions in Police Scotland. Learning and development initiatives are shared, and often improved, across the partnership.

Summary of training programmes available in Moray

- E-learning – Basic awareness for health and social care staff
- Module 1 (half day) – Basic awareness for staff who have hands on caring role with adults who may be at risk but who do not have management responsibilities: Home Carers, Support Workers, Auxiliaries, Care Assistants, Community Wardens
- Module 2 (1 day) – Basic awareness for staff who have direct care role, a requirement to be professionally qualified and/or management responsibilities. Social Workers, Care Managers, Occupational Therapists, Physiotherapists, Speech & Language Therapists, Senior Support Workers, Registered General Nurses.
- Module 3 (2 days) – Participants follow the investigative process, based on the Grampian inter agency policy. For all professionally qualified and registered Social Work and NHS staff identified as likely to be involved in Adult Protection Inquiries, Investigations and Case Conferences.
- Module 4 (2 days) - Detailed knowledge of the Adult Support and Protection (Scotland) Act and associated Code of Practice. For staff employed by the local authority identified as meeting the legal requirements to be Council Officers.
- Chairs Training was provided to staff who may chair Adult Protection Professionals meetings or Case Conferences.

Training Course	Attendance 2012-2014
Module 1	468
Module 2	125
Module 3	20
Module 4	14
Training for Trainers	28
Advanced Interviewing Skills	9
Council Officer Update	12
Stirling University, Postgraduate Certificate in Adult Services, Support and Protection	3
St Andrew's University, Postgraduate Certificate in Adult Support, Protection and Safeguarding	1

Investigatory interview skills

Discussions are underway with local Police Scotland staff and Moray Council to modify module 3 to incorporate a more robust section on the development of investigatory interview skills for participants.

Refresher Training Council Officers

Refresher training is available in Moray and will be developed in 2014 in other areas, focussing on particular topics, case examples and addressing issues such as thresholds and multi-agency working.

Council Officer Forums

The Moray Council recognised in early 2010 the need for Adult Protection Practice Development forums. They have continued to meet 4 times a year and provide a way of supporting Social Work to discuss and consider the appropriateness and use of intervention under the Adult Support and Protection (Scotland) Act 2007. They provided an opportunity for practitioners to reflect on their practice and develop a shared understanding of legislation. During these sessions it became clear that there was a need to provide guidance and support to help practitioners navigate the complexities they were identifying when carrying out an investigation and in deciding the most suitable route for the provision of support and protection. In particular it recognised the importance of the practitioner's need to understand the links between the the 2000, 2003 and 2007 Acts that provide a framework of protection for adults at risk of harm. It was agreed to extend the scope of the forum and incorporate a wider role in terms of advising on all protective legislation including the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003. These Forums have been re-branded to represent the extended remit and the frequency of meetings has been increased to 6 times a year.

Police Scotland

Adult Support and Protection continues to be delivered as part of the training all Officers receive when they first attend Scottish Police College, therefore in this reporting period, 42 Officers based in Aberdeen City, Aberdeenshire and Moray have received national Adult Support and Protection training.

The former Grampian Police have three e-learning modules, one for Police staff, one for Police Officers and the third for Supervisory Officers, all of which are mandatory to respective positions. Between April 2012 and March 2014, 51 Police Constables and 24 Police Supervisors and 61 Police staff undertook the respective modules. This training will remain in place until the development of a national e-learning module.

In May 2013, pilot courses were undertaken to give Police Sergeants a more in-depth understanding of the importance in the submission of concern reports. Twenty-one Sergeants were trained as part of the pilot. Due to training being undertaken on the Vulnerable Persons Database, this training was stopped temporarily. The recommencement of the training is planned for autumn 2014.

Between May 2013 and September 2013, 177 Sergeants received classroom based training on the use of the Vulnerable Persons Database. As well as instructing on the use of the system, the training included a refresher of Adult Protection legislation, the importance of the submission of VPD forms and gave guidance on when they should expect a VPD form to be submitted by their Officers. Sergeants thereafter assisted with the cascade training of use of the VPD system to their Officers, who also had to complete an online training programme. To date, 873 Officers have been trained. Thirteen members of Police Staff have also completed the classroom based training, and 79 have completed the e-learning.

Between April 2012 and March 2013, Adult Support and Protection inputs were included on the Supervisory Skills course and to date, a public protection input which includes Adult Protection issues is delivered on the Probationary Constable Confirmation Course.

Referral unit staff are vigilant with regard to issues which could potentially need addressing when reviewing VPD reports on a daily basis. Should any come to light, bespoke training is made available and is also available to those who request it.

GP Training

NHS Grampian Training Staff have promoted ASP Training to support GPs and GP Practice staff, to increase awareness and this has been carried out in a number of practices using protected learning time to enable GPs and staff to attend.

NHS Grampian staff

Previously NHS Grampian had targeted training to NHS staff groups who were most likely to be in contact with high risk "vulnerable" patients/ clients. These staff groups were prioritised and targeted for adult support and protection training. However a broader approach has now been taken and an E-Learning package was developed. Using the Learning Management System the mandatory requirement to complete ASP training is automatically pre-populated onto all NHS Grampian staff e-KSF Personal Development Plans. The e-learning is very focused on the individual roles and responsibilities of staff in relation to adult protection and in particular their duty to report concerns. 7604 staff had completed the e learning training by 31

March 2014. A breakdown of all training completed is below:

Area	Headcount of staff	No of staff attended face to face training at 31.03.14	No of staff completed eLearning as at 31.03.14	% of staff training 31.03.14
Facilities	2093	232	116	11 - 17
Mental Health	1326	653	683	52 - 100
Acute	4167	1659	2680	64 - 100
Moray CHP	508	216	236	46 - 89
Moray Acute	740	93	267	36 - 49
Allied Health Professionals	1126	730	664	65 - 100
Nursing/Midwifery	6084	2623	3361	60 - 100
Medical/GP	1520	128	240	16 - 24

Notes

- From the table above, some staff will be included in the figures for two areas e.g. an Allied Health Professional working in Moray CHP or one of the partner CHPs
- Some staff may have completed both the eLearning and the face to face training hence the provision of a percentage range of staff trained.

The attendance for Moray CHP and acute (primarily Dr Gray's Hospital) are:

Area	Headcount of staff	No of staff attended face to face training by 31.03.14	No of staff completed Elearning by 31.03.14
Acute Sector	740	93	267
Moray CHP	508	216	236

Higher Academic Institutes and Undergraduate Training

In collaboration with NHS Grampian, Police Scotland, Aberdeen University and Robert Gordon University, 2 large "Inter Professional Education" (IPE) events, with 80 participants, have been held involving students from medicine, social work, adult and mental health nursing, pharmacy and OT and serving police officers. Both events were evaluated very positively by attendees and University teaching staff. These events have been recognised nationally for their innovation due to the range of professionals involved, in particular the inclusion of serving police personnel, and, it is understood, will be replicated in other areas. By the end of 2014 another similar event will be held, before being mainstreamed as part of the IPE curriculum.

NHS Grampian and Police Scotland were actively involved in the production of the Collaborative Outcomes Tool, an online and DVD package which was launched by Robert Gordon University and which follows a fictional Scottish family through a number of challenging public protection scenarios which emergency and social work services provide support for. The former Grampian Police funded the multimedia project which explores a range of topics including adult and child protection, domestic abuse, mental health, substance use and radicalisation. The new resource also develops an understanding of the challenges of generational harm, risk and resilience. Both NHS Grampian and Police Scotland were actively committed to this project as evidenced by the number of staff who provided the “expert opinions” on the tool. It is encouraging that the package has received such positive feedback nationally. At the March 2014 Inter Professional Event the tool was used for the first time in a multi-agency event and proved a valuable pilot exercise for the University.

NHS Grampian collaboration to support undergraduate training

NHS Grampian has negotiated with Robert Gordon University in Aberdeen and Aberdeen University to ensure that the under graduate curricula in Medicine, Nursing, Occupational Therapy, Physiotherapy and Radiography includes adult protection training as part of their mandatory preparation for practice module. Currently negotiations are underway with pharmacy and dentistry.

Effective Partnership

Moray Public Protection Partnership

The Community Planning Board approved the establishment of a Public Protection Partnership at its meeting on the 21 March 2013. At that meeting, the Board also approved the Partnership's aim, responsibilities and membership.

As part of the rationale for establishing such a partnership, the Community Planning Board recognised that many local agencies are involved in the community safety and wider public protection field where the aim is to reduce harm to Moray's communities. As many of the key challenges in public protection do not respect organisational boundaries, it is critical that these local agencies work well together in order to effectively address particular aspects of this complex agenda. In terms of strategic planning, the public protection field includes adult/child protection, community safety; the management of sex offenders, criminal justice social work, anti-social behaviour, domestic abuse, fire/home safety and violence reduction. The relevant lead officers/chairs of these areas of practice form the membership of the Partnership.

The Public Protection Partnership carries out the following responsibilities on behalf of the Community Planning Board: -

- (1) Taking responsibility for the coordinated development, implementation and monitoring of a strategic plan for public protection across Moray;
- (ii) Agreeing the joint actions and resources necessary to support the effective delivery of the Plan;
- (iii) Taking lead responsibilities to implement specific SOA outcomes on behalf of the Community Planning Partnership Board;
- (iv) Taking responsibility for the development and review of policy and strategy for those areas within the Moray Council, NHS Grampian, Police Scotland, partner agencies and multi agency partnerships that involve collaborative and integrated working in public protection;
- (v) Providing effective governance and performance management arrangements locally and report on progress to the Community Planning Partnership Board and Scottish Ministers as requested;
- (vi) Consulting with other agencies and organisations, including the third sector as appropriate, to achieve a co-ordinated approach to the development of local policy and services;
- (vii) Promoting and seek opportunities to further embed collaborative and integrated working in public protection and community safety in Moray;
- (viii) Promoting the streamlining and co-ordination of development activity within and between committees/partnerships to allow the opportunity for wider policy development and service interventions to take place on an evidence and

intelligence-led basis;

- (ix) Encouraging and promote training and development opportunities across agencies and sectors on areas of public protection where there are shared interests/concerns; and
- (x) Responding to consultations from Government and statutory bodies and make representations to Ministers and those national bodies regarding the services within the Partnership's remit.

During its first year, the Partnership targeted a limited number of activities designed to encourage closer working across the different service areas involved in the public protection field. The nature of this activity not only helped to develop skills and promote flexibility across professional disciplines, but also promoted a positive culture of involvement and working together. Although the focus of the Partnership's initial action plan has been on practice/service activities, the Partnership's planned activity for 2014/15 will be on the development of a Strategic Plan in order to make more robust connections between the strategic priorities and targets of the CPP's 10 year plan and the focus and deliverables of services in the public protection arena.

Summary of work between agencies

Working with its partner agencies and neighbouring local authorities of Aberdeen City and Aberdeenshire Councils, MAPC has in place joint interagency policy and procedures which cover the implementation of the Adult Support and Protection (Scotland) Act 2007, an Information Sharing Protocol, Significant Case Review Protocol and large scale enquiry protocol. These procedures provide clear guidance to practitioners from all stakeholders and disciplines on their responsibilities in relation to reporting, sharing information and co-operation during any investigations, and were developed in consultation with all partners across Grampian.

The use of a Grampian wide multi agency reporting form is now well established in Moray as well as a robust system and process for reports from the police. The NHS DATIX system (a mandatory incident reporting system) now includes an option to report adult protection concerns to the Local Authority using a link to the standard reporting form with advice and guidance. There has been on-going work over the past two years to strengthen links with the Scottish Ambulance Service and Fire and Rescue Service.

During 2012 into mid 2013, the voluntary sector within Moray re-organised from 3 separate agencies into the Moray Third Sector Interface, (tsiMORAY). This was an amalgamation of Voluntary Action Moray, Volunteer Centre Moray, and Moray Social Enterprise Network. The amalgamation came about through a demand for a one stop shop for all third sector communities within Moray. It provides support, information and services to individual volunteers and social enterprises as well as voluntary and community groups. Both the Adult Protection lead officer and the MAPC Independent Convener made links with this newly established group. The lead officer provided a briefing to the Chief Officer and established a link to support awareness raising with the general public. The Convener negotiated a commitment from the organisation for representation on the Committee thereby strengthening links with the voluntary sector. The outcomes from this activity will be evaluated in the next reporting period.

Commitment of Police Scotland

Police Scotland staff continue to work in close partnership with all statutory and where necessary, non-statutory bodies to ensure the smooth and efficient running of adult protection processes in Moray. Regular telephone contact is made between Referral Unit and Adult Protection Unit staff to ensure concerns are directed to the correct department first time to ensure a timeous assessment of their case.

Community Policing Team Officers participate in Adult Protection meetings and Case Conferences to provide a picture of the issues faced by the Police when dealing with an individual, so the best possible outcome is arrived at for the adult at risk.

To break down barriers and enhance understanding, the Police deliver an input on their function as a statutory partner, during module 2 courses. This is well received by both participants and trainer as it gives a chance to discuss matters which course participants may ordinarily not get the opportunity to share. It also heightens understanding from a policing context and gives participants a point of contact should they wish to consult with the Police at a later stage.

Police Scotland staff continue to further communicate with non-statutory bodies, having agreed a process for referring those whom staff believe could be at risk of fire, or could create a fire hazard, to the Fire and Rescue Service.

Work was also undertaken by the Police Scotland's Adult Protection Co-ordinator to explore the potential of signposting subjects of police reports, who are not adults at risk of harm, directly to relevant third sector organisations, thereby potentially alleviating the workload of Moray Social Work staff.

The Police Scotland Adult Protection Co-ordinator has a role as Secretariat for the national Adult Support and Protection Working Group (ASPWG), which, prior to reform, was an ACPOS group. Membership of this group consists of the National AP Co-ordinator and representatives from Police Scotland, Social Work Scotland, the Crown Office and Procurator Fiscal Service, Scottish Government, and National AP Chair's group. The Chair of the national Adult Support and Protection Working Group is also a member of the Adult Protection Policy Forum (APPF). A standing item on the ASPWG agenda allows for information from the APPF to be cascaded to ASPWG members

Commitment of NHS Grampian

This can be evidenced by the continued support of the Chief Executive and the decision to have a senior ASP lead role as part of the Associate Director of Allied Health Professionals portfolio, due to the post holder's 14 year interest and experience in the field of adult protection. A whole system approach is taken to facilitate engagement across all NHS Grampian staff, both community and hospital based.

NHS Grampian ASP group

In order to build further capacity, embed practice and ensure high level strategic and operational commitment from the organisation, a NHS Grampian ASP group was established in July 2013 and has wide representation from acute, mental health, learning disability and the three community health partnerships.

One of the achievements of the NHS Grampian ASP group has been to draft a threshold document which is intended to assist in determining whether a concern meets the threshold

for action under the Grampian ASP Procedures. It supports decision making based on good practice and professional judgment. Initially this was intended for NHS Grampian staff only however the locus has recently been extended to managed care settings and is currently progressing through a consultation process prior to approval by the 3 APCs in Grampian.

Child Protection Committee

The APC maintains a close working relationship with the Child Protection Committee in Moray with the Lead Officer for ASP being a member of the Child Protection Committee(CPC) working group. Over the past two years, the APC and CPC have been involved in consultation with Police Scotland to develop Moray's Forced Marriages policy and procedures.

Engagement with the Scottish Ambulance Service

Prior to 2012 there was little or no training or understanding of adult support and protection within the Scottish Ambulance Service. It was the aim of the Head of Service in the Grampian sub division that the Ambulance service make contact with the Moray Adult Protection Committee to ensure that the Scottish Ambulance Service adheres to the legislation and reports adult protection concerns to the appropriate authority.

Moray is served by ambulance stations based in Elgin, Dufftown, Forres, Huntly, Tomintoul, Banff, Buckie, and Keith with a staff of 98. This is a combination of Accident and Emergency and patient transport staff that treat and transport patients from their homes, hospitals, care homes and other locations. 95% of staff have completed the basic introductory adult protection module, and further training is planned in the future.

Three staff members have been trained to deliver the bespoke training package, developed by the Joint Training Co-ordinator, and this is now being rolled out across the area.

In Moray, the following actions have been taken:

- Adult protection posters in each station, and information literature in every vehicle.
- Adult protection training included in the induction process for all new entrants.
- A Scottish Ambulance representative on the MAPC.

The table below shows the number of adult protection concerns reported by Ambulance staff in 2012/ 2013. 'North division' refers to Grampian.

Incidents by Division

North Division	36
East Central	13
South East	9
West Central	7
South West	6
Scottish Ambulance Service Academy	1
Ambulance Control Centres	1
Totals:	73

NHS Grampian and Scottish Ambulance Service partnership approach

The NHS Grampian Joint Training Co-ordinator is currently working with the Scottish Ambulance Service (SAS) locally and to introduce the national ASP in A&E bespoke training to SAS through the development of a “training for trainers” programme to ensure the training can be rolled out in a sustainable fashion. This will build on the ASP mandatory E-Learning which was shared with Grampian SAS staff and rolled out prior to the national priority pilot work in early 2013

The Scottish Ambulance service is fully committed to its responsibilities under the ASP umbrella and to assist in that aim all Scottish Ambulance staff in Moray will have completed the bespoke training by the end of 2014. This will ensure staff have the confidence and underpinning knowledge to identify and report adults at risk following a system that is robust and safe

Engagement with Fire and Rescue Services(F&RS)

A Fire and Rescue conference was held on 26 March 2013 entitled “Working in Partnership to Reduce Fire Casualties”, organised by the NHS Joint Training Co-ordinator and the Scottish Fire and Rescue Service. The aim was to highlight the increased risk of death or injury by fire to those who are most at risk in society.

The conference was attended by elected members, social care and housing service representatives from Aberdeen City, Aberdeenshire and Moray local authorities, NHS Grampian, the former Grampian Police and third sector organisations, all of whom have a vested interest in reducing fire casualties. The specific outcomes from the conference included:

- Developing a pathway that highlights those who are most vulnerable from fire to the fire and rescue service for fire risk reduction interventions
- Developing and strengthening relationships to target those who are most vulnerable from fire.

Participants at the conference wrote pledges to put into practice what they had learned. As a result of the conference there has been an impact on reporting of ASP, greater partnership working, increased attendance at Case Conferences and increased engagement with protection plans. Fire & Rescue Service leaflets have been widely distributed and preventative fire safety visits have been arranged by service providers to potential adults at risk of harm. Fire safety awareness is now an integral part of Adult Support and Protection Module 1 and 2 courses.

The overall impact on Moray from the event has resulted in increased awareness of ASP issues and support available from F&RS, improved partnership working, increased attendance at protection meetings and engagement with protection plans relating to fire risks. There have been 6 referrals to the Adult Protection Unit from F&RS and 5 case referrals to Fire and Rescue for support with protection planning where there was a likelihood of a fire casualty.

Engagement with GPs

To proactively support Grampian's GPs and respond to the published guidance NHS Grampian has taken the lead on a number of actions including:

GPs and Medical Examination

Formal requests for medical examinations (a procedure has been in place in Grampian for some time) are very rarely made of GPs as within Grampian there has been a positive response by GPs proactively supporting adult protection requests regarding their patients. Most requests are viewed as part of the normal GP role supporting the care of a vulnerable patient.

GP access to local ASP information

To support GPs responding to requests made under ASP, the NHS Grampian Clinical Guidance Intranet now has a section that enables ease of access to this information. All GPs in Grampian have access to this facility that contains the follow ASP sections:

- Definitions
- Patterns and signs of harm
- Responsibilities of GPs
- Reporting Concerns
- Requests for medical examinations
- Requests for information being shared/ access to health records
- Attendance at Adult protection meetings and case conferences
- Legislative framework and comparison between ASP, AWIA and Mental Health Act
- Adult Support and Protection flowchart

It is important to highlight that across Grampian, GPs are reporting ASP concerns. Though GPs are not necessarily always able to attend ASP Case Conferences, it is accepted practice for the GP to submit a report for consideration at the case conference.

Higher Academic Institutes

Robert Gordon University funded by the SIPR (Scottish Institute for Policing Research) has worked nationally to examine barriers to effective partnership working. Partners in Moray were involved in this research programme, which involved attendance at multi-agency discussion sessions held in September 2013. Representation from the different agencies was good with attendees from NHS Grampian, Police Scotland, the Local Authority, Community Care and the ASP Unit.

Sharing Information

All staff in NHS Grampian use nhs.net email addresses and are able to share information via email as Grampian partners also have secure email addresses.

The Local Authority lead officer, Police Scotland's Adult Protection co-ordinator and a Detective Sergeant from Adult Protection meet formally twice a year to review the existing systems and procedures for sharing information and, where appropriate, review existing cases and unresolved cases of adult support and protection where it is considered that a multi-agency discussion may improve outcomes.

The MAPC has appropriate representation from MAPPA, Domestic Abuse and Drugs and Alcohol Committees and information is shared between these. On an operational level, where appropriate, the Local Authority Consultant Practitioner for adult protection will be invited to attend Multi Agency Risk Assessment Conferences (MARAC).

National Priorities and Sharing Good Practice

Financial Harm

In March 2014, taking cognisance of the Financial Harm national priority, agreement was reached by the three APCs to hold a Grampian financial harm event. The event, planned for June 2014, which involves Police Scotland, the three local authorities and NHS Grampian, will be reported on more fully in the 2014 - 2016 biennial report.

In recognition of the differences in the financial harm arena, the Adult Protection Committee is contemplating the formation of a sub-group to consider financial harm and how public, private and third sector organisations can work together to reduce financial harm. It is anticipated that this group would also be responsible for undertaking any work resulting from the national project recommendations.

The names and addresses of six individuals were taken from a list of twenty service-users who were identified by Community Care as being possible victims of scams. Work was undertaken in partnership with the Adult Protection Unit, Moray Council, Police Scotland and Trading Standards to ascertain the extent to which those on the list had been scammed, and where requested, advice and assistance was provided to those individuals.

Vulnerable Persons Database

With the inception of Police Scotland in April 2013, came the completion of the development of the interim Vulnerable Persons Database (VPD).

The VPD was established to capture all adult (and child) protection concerns identified by Police Scotland and to screen the information before sharing it with partner agencies for information and possible action.

The system is a national database which means that information about adults, who are at risk or considered to be vulnerable and are transient, can be seen immediately in different Police Divisions across Scotland.

One of the greatest advantages of the system is that every name recorded has a chronology. This allows staff to see previous incidents and whether or not they have been referred to other agencies. This has helped to enhance the established partnerships that exist in Adult Protection between the statutory organisations as it provides clearer sign posting in relation to who may be involved with an individual.

Further to this, the chronology allows the screening Officers to identify any patterns or repeat incidents involving an individual or in relation to a Care Home or a residential setting. This means that any potential issue is raised quickly with partners, which helps to mitigate risk and places emphasis on the welfare of the adult at the centre of the concern.

The former Grampian Police worked closely with the Adult Protection Network to develop a system for referrals from VPD, which has been retained locally and reflected nationally.

Grampian Police were the lead authors of the National Adult Support and Protection Standard Operating Procedure.

In January 2013, a national Adult Support and Protection Conference was arranged by the ACPOS Adult Support and Protection Working Group, and held at Scottish Police College. This event was well attended with staff from NHS, local authorities and Police Forces from Scotland present. A wide range of adult protection concerns were covered with speakers from the Crown Office and Procurator Fiscal's Service, Robert Gordon University, Strathclyde Police and the Scottish Government.

ASP in A&E National Priority

NHS Grampian had already initiated work to engage A&E staff in the last reporting period. The NHS Grampian ASP Lead was the Project Manager for the National Adult Support & Protection in NHS Accident & Emergency Settings Project and the NHS Grampian Joint Training Co-ordinator led the national group that developed the bespoke training and subsequent training materials. The bespoke training package has been piloted in Grampian and across Scotland with very positive feedback.

In Moray the pilot activity covered both the major town of Elgin's A&E department and community minor injury units in more rural areas.

The pilot resulted in an increase in referrals from A&E settings in Grampian but it is important to note that A&E services were reporting prior to the pilot period.

Senior medical staff in A&E are exploring the option to have ongoing bespoke ASP training as part of local induction for all medical staff.

NHS Grampian used the national pre and post ASP in A&E audit tool and there has been a 44.6% increase in the number of A&E staff across NHS Grampian who have now had adult protection training

Refresher ASP training currently mirrors arrangements in place for Child Protection.

Key legislation, enquiries and reports

Recent legislation, enquiries and reports have had a major impact on ASP activities and areas of focus. Those discussed in the next few paragraphs have had the most substantive impact on ASP work and services.

Winterbourne Report

The combination of the public interest surrounding the Winterbourne scandal, alongside the Scottish Government's commitment to ASP in care homes as one of the five 'National Priorities' led the Grampian Adult Protection Committees to seek to develop a multi-agency Large Scale Investigation Procedure for Managed Care Settings.

It was agreed at an early point, that any such procedure should cover NHS settings as well as registered care settings within the local authority, private and voluntary sectors. Therefore the procedure encompasses nearly all potential group living settings where adults at risk may reside and receive care/support.

A small working group comprising representatives from the Grampian local authorities;

Police Scotland; NHS Grampian; and the Care Inspectorate met regularly to draw up a clear, systematic operational procedure for the investigation and management of ASP concerns where multiple adults presented as 'at risk'. Beyond the core working group, comments and suggestions were also sought from the Mental Welfare Commission and Health Improvement Scotland when developing the procedure.

A draft version of the procedure was trialled in Aberdeen City in 2013, before a final version was signed off by all 3 Grampian APC's for use in January 2014. The large scale investigation procedure is now 'live' and in use in ASP fieldwork practice across Grampian. The general consensus is that the use of the procedure has standardised and strengthened the already good practice that was being undertaken in managed care settings".

The impact of the Large Scale Investigation Procedure for Managed Care Settings in Moray has been to bring a consistency of approach. The procedures have provided a valuable tool for improving practice in relation to the response to concerns within managed care settings. During the reporting period, a Large Scale Investigation procedure has not been undertaken. However consideration was given to this on one occasion and a strategic meeting held. After reviewing the information, it was felt that the harm was limited in who it affected within the managed care setting and it was decided the best approach to this would be to address it on an individual basis via the standard arrangements within the Grampian Interagency Policy and Procedure.

The impact of the Equality Act 2010 and the report Hidden in Plain Sight (E&HRC, 2011)

The Grampian Adult Protection Working Group was tasked by the 3 APCs to consider the implications of the Hidden in Plain Sight Report for adult support and protection.

It was established that processes are in place across the three APC areas to ensure the recommendations in the Hidden in Plain Sight report were addressed and to report disability hate crime, monitor the situation and support adults who are victims of hate crime. Council Officer training now contains specific input on the prejudice incident reporting scheme.

The paper: 'Learning from Adult Protection Committees' has also been reviewed by the GAPWG and no new actions identified.

The process within Moray to address reporting of disability hate crime is by ensuring that the recording of incidents is working effectively, that trends which indicate situations where disability hate crime have a higher probability of occurring are monitored, and that victims are supported through the ASP process.

Training is in place to ensure that staff and relevant others are aware of the process for reporting disability hate crime and how to respond to incidents they are made aware of.

A generic reporting form, "Procedural Incident Reporting Form", is used. Once completed, it is sent to Corporate Services and the information recorded on the form is monitored by GREC. From March 2012 to the end of 2013 the numbers of incidents reported of disability hate crime in Moray was 18. The majority of these have been on the grounds of race (12), with incidents on the grounds of disability and sexual orientation both being reported 3 times. There has been a focus on identifying repeat incidents in order to capture possible escalation of events. During the period, two people were targeted more than once and one person was

responsible for more than one incident.

There has been a focus on raising awareness among Moray Council staff and teachers of the need to report such incidents. As a result, there was a sharp increase in the number of reports in the second half of 2013, with 9 occurrences.

Under the audit and quality monitoring process, any identified incidents of disability hate crime are reported to senior management and acted upon in accordance with the agreed processes.

Significant Case Review

Guidance on the reporting and implementation of Significant Case Reviews has been established on a Grampian wide basis following consultation and agreement from the three Adult Protection Committees. These were ratified in 2012 by the Chief Officers' Group. During this biennial reporting period, the MAPC has not held a Significant Case Review. The Grampian wide procedures have been triggered by a neighbouring local authority and there are plans to review these procedures as a result of experience gained in their use.

Significant Case Review Training

Training of 10 facilitators was delivered in the summer of 2012 on a multi-agency basis, with participants drawn from each of the three local authorities, Grampian Police and NHS Grampian. A further course is planned for 2014. The training ensured that participants had a greater awareness of the Grampian Significant Case Review ASP Protocol, had the knowledge and skills to use root cause analysis based tools to manage the multi-agency review process, were able to analyse the facts and establish where there may be system failures, and have the knowledge to produce a report containing multi-agency recommendations, with the aim of learning from the incident.

Learning Events

MAPC recognise that the development of professional practice benefits greatly from agencies coming together to reflect on action taken to protect adults at risk of harm. Multi agency learning events are therefore organised allowing agencies to reflect on what they did, judging how successful actions were and whether any changes could have resulted in different outcomes. The Local Authority Consultant Practitioner and training officer are tasked with arranging and organising these events which can be requested by any of the MAPC members.

A learning event was triggered by the former Grampian Fire and Rescue Service. This was a multi-agency review of a specific case where there was no active involvement by statutory services to test if an ASP referral would have resulted in different outcomes. In attendance were a NHS Consultant Psychiatrist, Fire and Rescue Service, Police and the Council lead officer for ASP. The remit of the review was to evaluate the circumstances leading to a fire fatality, and to carefully examine structure and procedures to see if there were any lessons to be learned. The outcome of the event was that the case would not have triggered an ASP referral nor would it have had any remit to intervene using ASP legislation or other legislation. It did, however, recognise the importance of statutory organisations having a clearer understanding of the benefit of working with the Fire and Rescue Service and the need for awareness raising on the link between alcohol misuse and a fire fatality. This was taken forward by the Fire and Rescue Service to provide information and briefing events.

Another event was triggered by the Local Authority to review a case that involved a compulsory treatment order which appeared to have a strong adult protection component but was not referred. This involved scrutiny of case records and interviews with the staff involved, concluding in a multi-agency case review audit attended by different local authority departments and mental health services. It established that for adults affected by a mental disorder, further guidance on how to seek and use formal provision across the Mental Health (Care and Treatment) (Scotland) Act 2003 and the ASP Act was needed and there were also recommendations made regarding the frequency of use of the Care Programme Approach (CPA) meeting and these being more outcome focused. These recommendations, considered by Quality Assurance regarding the format and appropriate use of CPA, has since been overtaken by national guidance on the CPA approach and both will be considered. The development of an additional training module is being explored.

Future Plans and Recommendations

The information contained within this third biennial report provides clear evidence that partnership working to protect adults at risk of harm in Moray has continued to develop and strengthen. Good progress has been made on previous recommendations, however much is still to be achieved. The inclusion of new members to the Moray Adult Protection Committee will bring a wider range of experience, perspective and skills which will help shape its future strategic direction. Over the past two years, the Committee's work has been further strengthened by links within the wider public protection agenda. This area of development will also inform the strategic direction and work of the Committee over the coming years.

The focus will be to work together to continue to protect adults at risk of harm, and key priorities will include:

1. Practitioner confidence and competence leads to appropriate, timely and effective interventions - agree and implement a Training Strategy
2. Increase public awareness by continuing to raise awareness about adult protection amongst staff and within the local community. Link this with the national awareness raising campaign and Moray's local communications strategy. In 2014-16 there are plans to engage more fully with different faith communities and this work has been started with engagement work with Street Pastors;
3. Best practice is supported by appropriate policies, procedures and systems - review and update policy, procedures and protocols in light of implementation of Self Directed Support and the integration of health and social care.
4. Continue to use auditing system to monitor effective partnership working across adult protection - make sure that a system is in place to achieve learning and the sharing of good practice.
5. Continue to forge strong links with Moray Public Protection Partnership.

Bibliography and References

Dept of Health (2012), *Transforming Care: A national response to the Winterbourne View Hospital*, London, UK

E&HRC (2011), *Hidden in Plain Sight: Inquiry into disability related harassment*, Manchester, UK

Grampian Interagency Policy and Procedure for the Support and Protection of Adults at Risk of Harm ('The Policy'):

<http://www.aberdeenshire.gov.uk/about/departments/FinalAdultSupportProtectionPolicy2012.pdf>

National Priorities (Scotland) <http://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Adult-Support-Protection/National-Priorities> Additional information can be gained from the Adult Protection Policy team, Protection of Rights and Mental Health Division, St Andrew's House, Edinburgh, EH1 3DG

Relevant Legislation

Adults with Incapacity (Scotland) Act 2000.

Adult Support and Protection (Scotland) Act 2007

Mental Health (Care and Treatment) (Scotland) Act 2003