Agenda Item 3.5

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**10 July 2024**
Title:	**Adult Support and Protection Update**
Responsible Executive/Non-Executive:	**Pamela Cremin**
Report Author:	**Ian Thomson**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well	X	Live Well	X	Respond Well	X	Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		**All** Well Themes			

2 Report summary

2.1 Situation

Key Processes

The Adult Support and Protection (Scotland) Act 2007 places a duty on the Local Authority (effected in Highland via NHSH) to make inquiries about a person's well-being, property or financial affairs if

- it knows or believes that the person is an adult (aged 16 or over) at risk of harm and
- it might need to intervene in order to protect the adult's well-being, property or financial affairs

An "adult at risk" is defined as such when the following 3-point criteria applies:

- the adult is "at risk of harm" (as defined under sect. 53 of 2007 Act)
- The adult is "unable to safeguard his/her own well-being property rights and other interests"
- The adult is affected by disability "mental disorder" illness, physical or mental infirmity are "more vulnerable to being harmed than adults who are not so affected"

Section 53 of the Adult Support and Protection (Scotland) Act 2007 states that "harm" includes all harmful conduct and gives the following examples:

- conduct which causes physical harm
- conduct which causes psychological harm (e.g. by causing fear, alarm or distress)
- unlawful conduct which appropriates or adversely affects property, rights or interests (eg theft, fraud, embezzlement or extortion)
- conduct which causes self-harm.

The list is not exhaustive and no category of harm is excluded simply because it is not explicitly listed. In general terms, behaviours that constitute harm to a person can be physical, sexual, psychological, financial, or a combination of these. The harm can be accidental or intentional, as a result of self-neglect, neglect by a carer or caused by self-harm and/or attempted suicide.

Section 4 of the Act places duties upon the Local Authority to make inquiries and investigations if it knows or believes that a person is an adult at risk of harm and that it might need to intervene under the Act; this includes duties to:

- undertake investigative activity, as part of its inquiries, involving Council Officers (experienced social workers in NHSH) who have certain powers under the Act (Sections 7-10);

- co-operate with other named bodies and office holders (Section 5); (While local authorities have the lead role in adult protection, effective intervention will only come about as a result of productive cooperation and communication between a range of agencies and professionals. What one person or public body knows may only be part of a wider picture. The multi-agency nature of adult support and protection work is crucial to the work of protecting adults from harm and social workers from NHSH routinely work closely with partners in Police Scotland N Division to conduct inquiries and investigations)
- make visits, with right of entry, for the purpose of conducting interviews and arranging medical examinations (sections 7, 8, 9 & 36 - 40);
- Develop an appropriate Protection Plan and have regard to appropriate services where it considers it needs to intervene;

Strategic Leadership

The 2007 Act also places a duty on the Local Authority to set up an Adult Protection Committee to carry out various functions in relation to adult protection in its area, and to review procedures under the Act (Section 42).

The Highland Adult Protection Committee (APC) is a statutory body established under Section 42 of the Adult Support and Protection (Scotland) Act 2007. It is formed of representatives from its three main partners - Highland Council, Police Scotland and NHS Highland - as well as others from partner organisations, including Advocacy Highland, Connecting Carers, Scottish Fire and Rescue and Carr Gomm. It is chaired by an independent chairperson.

The Highland APC works to ensure cooperation and communication across the agencies and has responsibilities to:

- review local policies, procedures and guidance,
- ensure the ongoing training and development of staff involved in Adult Protection locally.
- raise general awareness of Adult Protection within the Highland area and
- undertake Learning Reviews, which are a form of case review

2.2 Background

Key processes

Adult support and protection inquiries and investigations are undertaken by NHS Highland Adult Social Care Professionals who work in partnership with Police Scotland and Highland Council and other agencies. This work is overseen by the Highland Adult Protection Committee

Inquiries where investigatory powers are not used

- Where screening determines the s.4 duty to inquire is met, but it has not been established whether the adult meets the 3-point criteria an Initial Inquiry is progressed by a member of the social work team under the supervision of the "Nominated Officer for Social Work" (NOSW) a senior social worker.
- This "Initial Inquiry" is primarily to establish the existence, or not, of an adult at risk, and whether there will be a need to conduct further inquiries using investigatory powers.
- The ASP1&2 electronic form is used by the social worker to evidence that the s.4 Duty to Inquire has been discharged and to record its outcome. Summary Outcomes information is at **Table 3; p.15.**
- Numbers of Initial Inquiries have increased significantly over time (Chart 1):

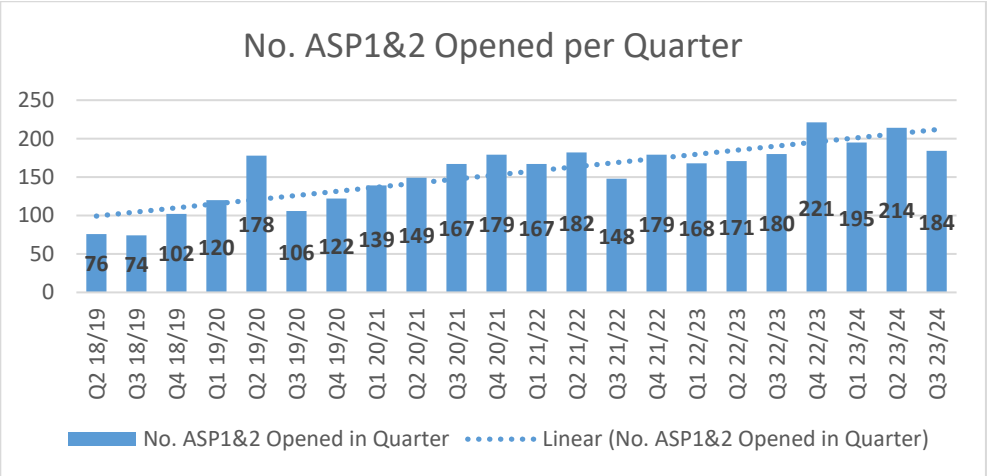

Chart 1

Inquiries using investigatory powers

- A Council Officer is appointed (from the set of experienced social workers) by the NOSW where the circumstances of an adult meet the 3-point criteria, and the concern is not being managed by a pre-existing Adult Protection process. The NOSW does have the support of the Principal Officers Social Work in identifying the most appropriate Council Officer.

The NOSW also has access the nominated officers in Health and Police to plan investigations

- "Investigations" are led by a Council Officer under the supervision of the NOSW; they rely on collecting information across the multi-agency adult protection partnership; they are conducted under s.4 of the 2007 Act and they have access to the full range of investigatory powers to collect appropriate information and contribute to effective, proportionate protective actions.
- The Council Officer is assigned an ASP3 (Investigation and Risk Assessment) electronic form to allow them to record the work they undertake as part of their investigation.
- The ASP3 is structured on the Joint Improvement Team's, "Working Together to Improve Adult Protection" document from August 2007 (Appendix I). The format has four components covering; core information, communication requirements, risk assessment and the recommended protection plan; including
    - Multi-agency contacts and contributors
    - Details of individual's Communication, Capacity and Involvement
    - Significant Chronology
    - Current Risks and concerns
    - Analysis and summary of risks, including
    - Actions taken by Council Officers to gather information
    - Recommendations and Actions, including
    - Actions that have already been taken to protect or reduce the risks for the individual
    - Recommended protective actions
- The Investigation, whilst led by the Council Officer, is a multi-agency activity. The Nominated and Principal Officers Social Work are there to provide support to the Investigation/Council Officer in the first instance – and link into other professionals as necessary, i.e. Legal colleagues to ensure respective powers are made available etc.
- The Outcome of Investigation is quality assured by the Nominated Officer SW.
- Again, we have seen significantly increased demand over time (Chart 2):

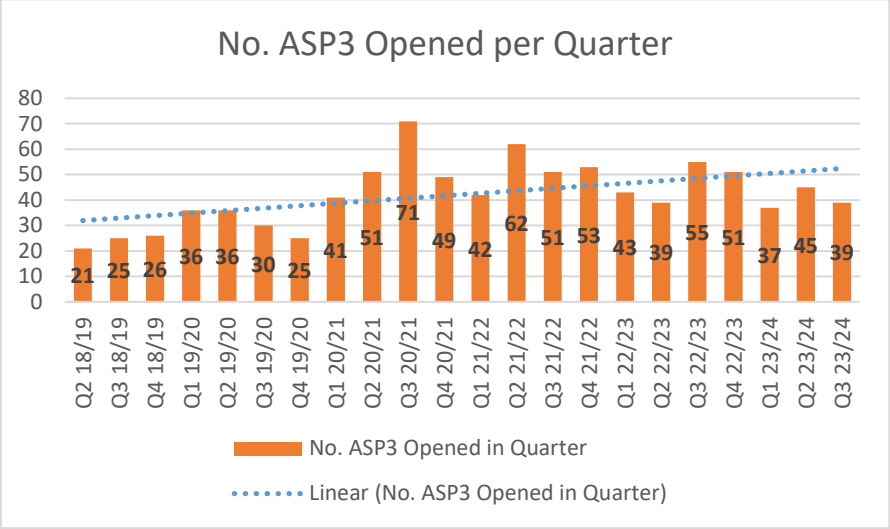

Chart 2

Risk assessment, risk management for adult support and protection

- As described above, the Council Officer's Investigation is an integral part of the process of risk assessment and protection planning. Here there is a synthesis of information collection with needs and risks analysis. The ASP3 form provides the format to: record the investigation activity; detail needs; analyse risks; and record or recommend protective actions (See section on ASP 3 structure, above)
- There is a recognition within the Practice Improvement Sub-group that our current ASP3 form is lacking in respect of its Risk Assessment, in that does not specifically support practitioners to assess the risk [severity x likelihood] of harms occurring. It is envisaged that this will be addressed in terms of making tools available on the Staff and Partners Adult Protection webpages and through development sessions for partnership staff.
- Developmental work has also taken place to support the use of Chronologies across the social work more generally, a specimen Chronology tool is available to staff.

The convening of adult support and protection case conferences

- An initial case conference is brought together as a direct result of the outcome of a Council Officer's Investigation: where significant risks of harm are identified for the adult a case conference is used to confirm an appropriate protection plan.
- When the NOSW completes the outcome section of an ASP3 electronic form on CareFirst and opts for "Case Conference" an ASP

4 notification and assessment is created and assigned to the Adult Care review Team. A Chair for the Case conference will be allocated to one of the Adult are Review Team (ACRT) Reviewing Officers, who are experienced social workers, depending on availability and whether the Officer has past experience of working with the client.

- The Case Conference aims to bring together all relevant agencies and parties. Its task is to form a coherent Protection Plan which will clearly demonstrate what support and protection measures are being put in place where, when and why. Development of a Core Group can constitute a Protective Action
- There is liaison between the Council Officer and ACRT re invitations to meeting
- Procedures suggest that The Highland Council Legal Team and Mental Health Officer Service should be invited as necessary
- Liaison between Council Officer and Chair as necessary in respect of:
    - Conduct of Meeting
    - Reports
    - Chronology
    - Involvement of individual and unpaid carers etc.
- The ACRT minute the meeting
- The Protection Plan recorded on the ASP4 electronic form
- The Council Officer's Risk Assessment and recommendations, alongside an up to date and well balanced inter-agency chronology, should be considered at the Case Conference. Here the engagement of the adult - and all relevant agencies - in the final assessment of risks and strengths, and in planning for protective actions /next steps, is sought.
- The CareFirst ASP 3 Assessment Form can be exported as a PDF document to facilitate this; albeit the Chair of the Conference will need to be clear about what information can and should be shared with those attending.

Strategic Leadership

- Strategic leadership for adult support and protection ultimately comes from the Highland Public Protection Chief Officers' Group (HPPCOG) which brings the components of public protection activity together e.g. Adult Protection, Child Protection, MARAC, and MAPPA etc.
- The HPPCOG strives to meet the Highland Partnership's commitments to safer and stronger communities and reducing reoffending: and is regularly attended by the partners' Chief Executive and the Chief Social Work Officer.

- HPPCOG operates as a contributor to The Highland Outcome Improvement Plan, including to support:
    - Community Safety and Resilience
    - Mental Health and Mental Wellbeing
- Highland Adult Protection Committee (HAPC) reports regularly to the HPPCOG.
- The HAPC Independent Chair attends regularly HPPCOG to highlight issues and progress work as necessary. A report is provided on behalf of the HAPC to the HPPCOG for consideration/action/escalation.

Strategic leadership is also provided for adult support and protection from the Highland Adult Protection Committee:

- The Adult Protection Committee brings senior partners together to provide strategic leadership for Adult Protection in Highland
- The Committee has set out its priorities - including its Improvement Objectives contained within its Continuous Improvement Framework.
- The Committee has also established - via the focused work of the Principal Officer Adult Protection - a series of Sub-groups/committees to provide leadership to its multi-agency working, and to effect integration and improvement across its priorities.
- Sub-groups (Sub-committees) are now active in the following areas:
    - Practice Improvement
    - Learning and Development
    - Participation
    - Quality Assurance
    - Community Awareness
    - Young Adults at Risk of Harm (in partnership with the Child Protection Committee)
    - Learning Review
- Sub-group action-planning is now integral to the Continuous Improvement Framework
- Improvement activity is recorded and monitored by Committee via Sub-group chair updates and Action Trackers.

2.3 Assessment

Subsequent to an in-depth Inspection, the Care Inspectorate, alongside its partners in Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland, published its Inspection Report of Adult Support and Protection within the Highland Partnership in April this year. Joint inspection of adult support protection in the Highland partnership (careinspectorate.com)

Joint Inspections aim to provide national assurance about individual local partnership areas' effective operations of adult support and protection key processes, and leadership for adult support and protection.

In summary the Inspectorate identified the Partnership's Strengths as follows:

- Initial inquiries were carried out in line with legislative principles and supported by good communication and information sharing.
- All investigations were conducted by a council officer. They were of a good quality and supported by comprehensive risk assessments and protection plans. The partnership was transitioning toward the new codes of practice.
- Case conferences were multi-agency and attended by relevant practitioners. They were well chaired, demonstrated a person-centred approach and produced accessibly written minutes, including protection plans.
- The development of both the teleconference model and nominated officer role were impactful. These initiatives supported good information sharing and collaboration between and across organisations.
- The partnership's commitment to joint improvement recognised the need for a senior health manager to hold an adult support and protection remit.
- Effective leadership and governance of adult support and protection as strengthened through good working relationships between the chief officers' group and the adult protection committee. Strategic oversight of initiatives supported strategic and operational improvement.

Priority areas for improvement were:

- The partnership should continue the work it was undertaking to improve the quality and consistency of chronologies.
- Most service users were informed they were the subject of an inquiry. Where they were not, the reasons why needed to be more clearly recorded.
- An effective communication plan was needed to share and promote the strategic mission and good work of the adult protection committee with staff.
- The partnership's multi-agency self-evaluation framework was not in place due to a significant delay in developing an information sharing

agreement. This was in the final stage of being addressed and should be implemented at the earliest opportunity.

Taken together the Inspectorate reported that the Partnership's Key Processes and Strategic Leadership were effective with areas for improvement.

The Highland Adult Protection Committee's Improvement plan is included at Appendix I

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

4 Recommendation

Members of the committee are requested to take **assurance** from the recent Inspection Report. Joint inspection of adult support protection in the Highland partnership (careinspectorate.com)

For **awareness** the Committee is asked to note the existence of the Improvement Plan resultant of the recent Inspection of our Key Processes and Strategic Leadership (Appendix I)

4.1 List of appendices

The following appendices are included with this report:

- Appendix I, Improvement Plan – Highland (HAPC)

care inspectorate

Healthcare Improvement Scotland

HMICS

JOINT INSPECTION OF **ADULT SUPPORT** AND **PROTECTION**

Highland Adult Protection Committee: Improvement Plan

Adult Support and Protection

[June 2024]

The aim of improvement activity in health and social care is to make services better for the people who use them. That might mean making services:

- *safer*
- *more effective*
- *more efficient*
- *more person-centred*
- *more equitable, or*
- *more timely.*

Understanding if aims have been achieved requires identification and definition about what 'better' would look like, and appropriate measures to know if the changes made resulted in the improvements sought.

Measurement for improvement asks questions like:

- *What does "better" look like?*
- *How will we recognise better when we see it?*

- *How do we know if a change is an improvement?*

What needs to improve? ***What is the improvement goal?***	***Barriers to improvement***	***Action plan*** ***(who, what, where, when, how)***	***Monitoring progress*** ***(how, when)***
Identify areas for improvement. Agree what will change as a result of making improvements (improvement goal).	*Identify what the barriers are to making improvements and how these might be overcome.*	*Specify who needs to do something differently, what needs to change, and where, when and how changes can be made.*	*Specify how success will be measured, when it will be measured and who will do this.*
The partnership should continue the work it was undertaking to improve the quality and consistency of chronologies.	Practice Issues in respect of: time, knowledge, and skills. System issue in respect of ease of recording	1. ASC NHSH (Head of Service, Social Work) to continue with Development sessions and other work with social workers in relation to promoting the quality of Chronologies. Progress to be reported via the Practice Improvement Sub-group to AP Committee 2. Ensure CareFirst replacement has functionality to record Chronologies efficiently	Quality of Chronologies to be included in multi-agency case file Audit in 2025
Most service users were informed they were the subject of an inquiry. Where they were not, the reasons why needed to be more clearly recorded.	Practice Issues in respect of: time, knowledge, and skills. System issue in respect of ease of recording	1. Local ASP Policy and Procedure to be updated. Update to be supported by Development sessions and included in Council Officer Training. Head of Service (QA) supported by Practice Improvement Sub-group 2. CareFirst Replacement to provide	Update to Policy and Procedure by Head of Service Quality Assurance (1 month) Existence of records to be clearly visible within AP recording. To be audited in 2026

		appropriate recording field	
An effective communication plan was needed to share and promote the strategic mission and good work of the adult protection committee with staff.	Interest of staff in QA processes in mission and continuous improvement framework	Community Awareness Sub-group to produce Communication plan (based on engagement with all relevant staff) to appropriately promote work of Committee (6 months) This will include: Regular face-to-face engagement by Principal Officers (SW and AP) of frontline practitioners. Principal Officer Adult Protection seeking to recruit frontline staff to Sub-committees. Work to raise awareness of Strategic Agenda at Executive level in Health (Medical and Clinical)	HAPC to monitor frequency and types of engagement of frontline practitioners. Community Engagement sub-committee to report to HAPC on progress HAPC to monitor frontline staff membership of Sub-committees
The partnership's multi-agency self-evaluation framework was not in place due to a significant delay in developing an information sharing agreement. This was in the final stage of being addressed and should be implemented at the earliest opportunity.	Complexity Compliance with Corporate expectations across agencies	1. Police Scotland N Division (Assistant Detective Chief Inspector) to lead on completion, agreement and publishing of draft ISA. Progress to be reported via the QA Sub-group to AP Committee. Target Date September 2024 2. Quality Assurance Sub-group to	1. Committee to monitor progress and receive agreed ISA within 3 months 2. Multi Agency Audit to be

		schedule diet of Audits including Multi-Agency Audit	planned and diarised before end of 2024
The planned strategic engagement of service users and community groups to inform the adult protection committee agenda should be expedited.	Time Resource Complexity of engagement task	Principal Officer (Adult Protection) to provide leadership in this area; including to: • Consolidate and communicate the strategy • Identify partners • Conduct Engagement	Communicable Strategy developed within 3 months Engagement activity reported to APC via Participation Sub-committee
The scope and focus of adult support and protection multi agency training was not as impactful as it needed to be across the partnership	Identifying the correct staff to target for higher level training across agencies and sectors	Deliverable Training matrix to be further developed/consolidated– this will include liaison with Health colleagues to address training needs of acute clinical staff (see below)	Training compliance and participation numbers reported regularly to APC
The involvement of health staff in adult support and protection work needed to be better recorded within health records.	Identifying the appropriate mechanism and resource to address this observation	Open discussion with Acute Clinical leads, QI and Records staff to assess the requirement and likely solutions, in context of NHSH and National policies on record keeping. Senior Nurse (Corporate Services) to provide implementation and monitoring plan to HAPC. This will be integral to work to meet the Health Board Accountability	Monitoring to be integrated within developing audit schedule. QA Sub-committee to oversee.

		Framework (6 months)	
Significant scope to improve STORM disposal coding	Compliance to standards across a large workforce dependent on recognition of Adult at Risk	Police Scotland C3 Division Quality Assurance Manager to consider STORM incident closure codes. Guidance previously distributed nationally to improve - and re-emphasised recently.	Discussion ongoing with C3 Division QA team (PI in N Division) to monitor compliance nationally.
Use of the escalation protocol review was inconsistent with organisational guidance		On 6th June 2023, iVPD was upgraded to version 9.3 this included the introduction of a new automated system-based escalation process which includes a specific suggested action to brief Local Area Commander(s) for tasking a local policing response.	This is an automated system. N Division to introduce a QA process through the sub-group. (All VPDs are reportable to the National Risk and Concern Hub). This will be monitored as part of Audit Calendar of QA Subgroup
Records of supervisory oversight lacked relevance and meaning regarding the specific episode		The iVPD Version 9.2 upgrade introduced a meaningful supervisory footprint on all Concern Reports and, also required reporting officers to sign a mandatory declaration on the content / quality of the Concern Report raised.	This is an automated system that should negate the need for QA work.

Community service interventions were good but for emergency re-admissions and ED they were adequate or worse	Health to have identified appropriate leadership and resource capacity to implement Accountability Framework	Acute Clinical Leads and Deputy Chief Officer (Acute) to review the current training provision. This will be supported by the Senior Nurse (Corporate Services) and the HAPC Training Officer. Training Needs Analysis to be conducted and a training plan to be produced and implemented. Training needs analysis to be presented to HAPC in 6 months	Training compliance and attendance at training to be closely monitored. ED workforce surveys to be conducted post training, and a maintenance plan to be initiated. Routine Health documentation audits to include ASP specific focus.