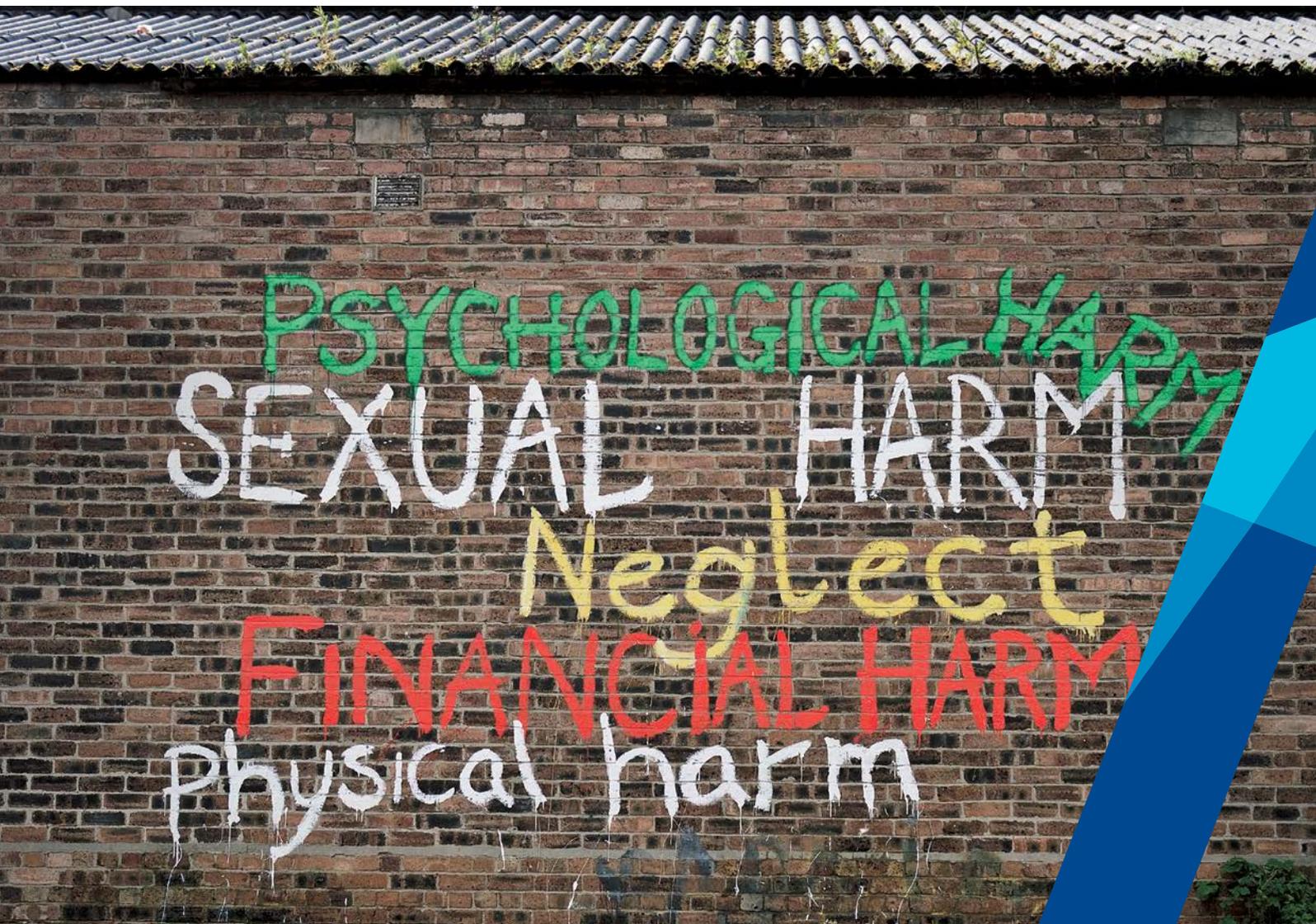




From mountain to sea

# Aberdeenshire Adult Protection Committee Biennial Report 2014 – 2016





# 1. Convener's Foreword



As Independent Convener of the Aberdeenshire Adult Protection Committee, it is my privilege to submit the fourth Biennial Report in terms of Section 46 of the Adult Support and Protection (Scotland) Act 2007 which reflects the work of the Committee during the period 1 April 2014 to 31 March 2016.

The 2014 population for Aberdeenshire was 260,500, an increase of 1.1 per cent from 2013. The population of Aberdeenshire accounted for 4.9 per cent of the total population of Scotland (National Records of Scotland).

The traditional industries of farming, forestry, fishing and tourism are important, but in the last 40 years the oil and gas industries have contributed greatly to the population increase and the high rate of economic growth. The population is increasingly diverse. Public services including health and social care are delivered in a way that is sensitive to the faith and cultural needs of residents.

Aberdeenshire has a better health profile than most areas of Scotland, in terms of life expectancy, mental



health and common physical health problems such as respiratory or heart disease. On the vast majority of health and wellbeing indicators, for example prescriptions for anxiety and depression, the uptake of adult health screening programmes and the number of adults claiming disability welfare benefits, Aberdeenshire rates very positively. There is very considerable potential to influence culture, attitudes and health related behaviours in order to improve wellbeing and reduce the need and demand for health and social care services and the number of premature preventable deaths.

As I have described in previous Biennial Reports, a fundamental element of keeping adults in Aberdeenshire safe from harm is effective and committed partnership working and the strength of this remains very much in evidence. Although Aberdeenshire Council has statutory responsibility for adult support and protection, it is supported by a range of partners from other bodies. The close working relationship with neighbouring authorities in Aberdeen City and Moray, adhering to joint policies and practices, and the sharing of the services of an Independent Convener all help to provide an efficient, effective and consistent approach to the public in the north east of Scotland.

At times, it has been difficult for some partners to commit to regular attendance at Committee meetings but nevertheless, their efforts, and their interest, remains positive as does that of their staff.

Although the Committee has no service user or carer representation, primarily because it is difficult to expect an individual to be the voice of such a wide range of people, work continues to reach this group and links with Advocacy North East and the Third Sector is helpful in this regard. During this reporting period, the Committee has secured the participation and membership of Aberdeenshire Voluntary Action (AVA) in adult support and protection and looks forward to strengthening its links with AVA, using the extensive communication network this agency can offer in reaching groups and members of the public who may be unaware of adult support and protection processes.

Also during this reporting period, the Committee secured the membership of a GP representative. I consider this a vital step in furthering the knowledge, awareness and understanding of adult support and protection by GP's. Although the GP member has now retired, efforts are underway to identify a replacement.

In addition to Committee membership, what is also of importance are the links that exist between adult and support professionals and GP's. This is considered to be strong and effective with good working relationships and practice in existence.

In my previous report, I commented upon the need for increased awareness of adult support and protection by the public and this remains the case. National and local initiatives carried out on a regular basis continue to be important and I believe this will remain a priority in the Committee's future work.

During the reporting period, 3 referrals were made to the Committee for consideration of Serious Case Reviews (SCR) being carried out. After initial enquiries were conducted and the facts presented to the Committee, members took the view that the criteria which triggers a SCR being carried out had not been met in any of the cases. On each occasion, however, members decided that there was a need for learning and so they instructed that Multi Agency Reviews (MAR) be carried out. At the time of writing, one MAR is still underway but in the other two, comprehensive reviews revealed learning outcomes for staff of a number of different agencies. Reports were passed to these agencies so that they could act on the findings.

On a national basis, the National Adult Protection Co-ordinator continues to be a valuable resource in formulating and disseminating good practice but it is disappointing the Scottish Government led National Policy Forum has ceased to exist. In my view, its dissolution has created a gap in leading and directing national policy on Adult Support and Protection.

Looking ahead, there remains much work to do and the Committee will continue to strive to ensure that all partners are fulfilling their responsibilities so that adults in our society are protected from the risk of harm and adequate support measures are in place when needed.

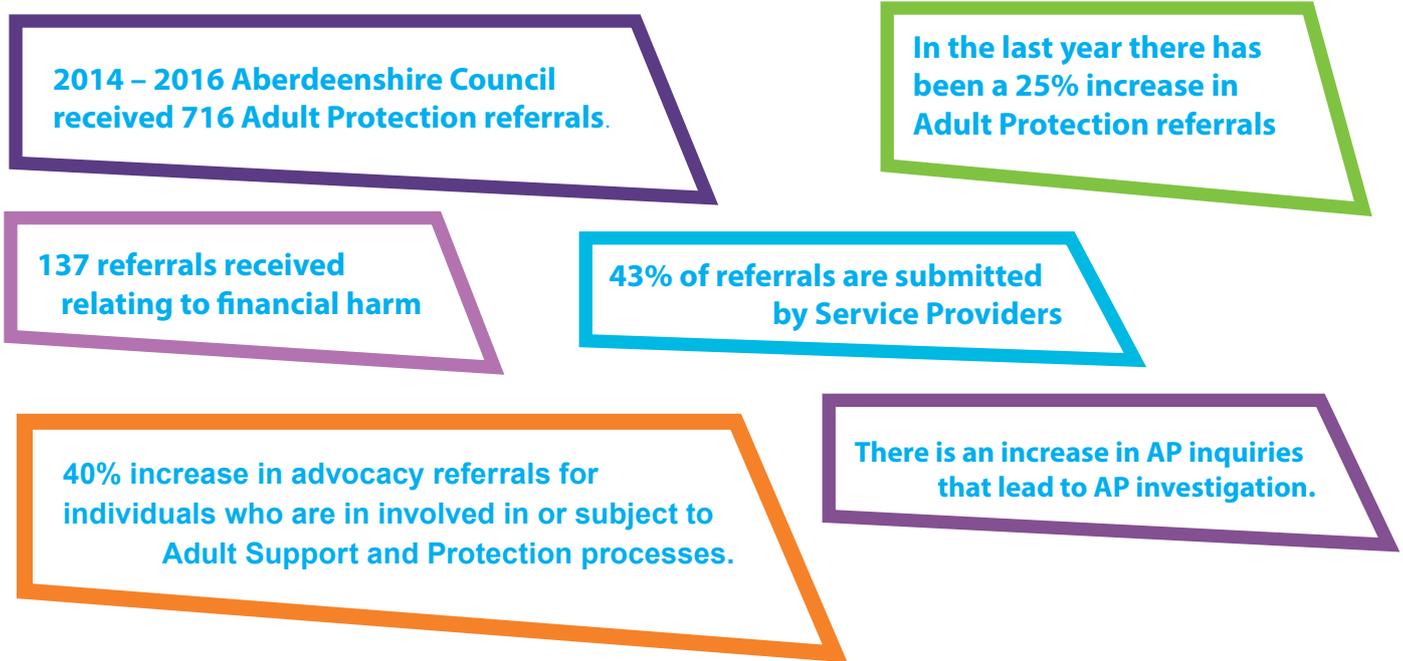
Finally, I wish to record my appreciation to Committee members, and to the staff of the Adult Protection Network, for their efforts and support which has been provided to me.

*Albert J Donald*

*Independent Convener*

*October 2016*

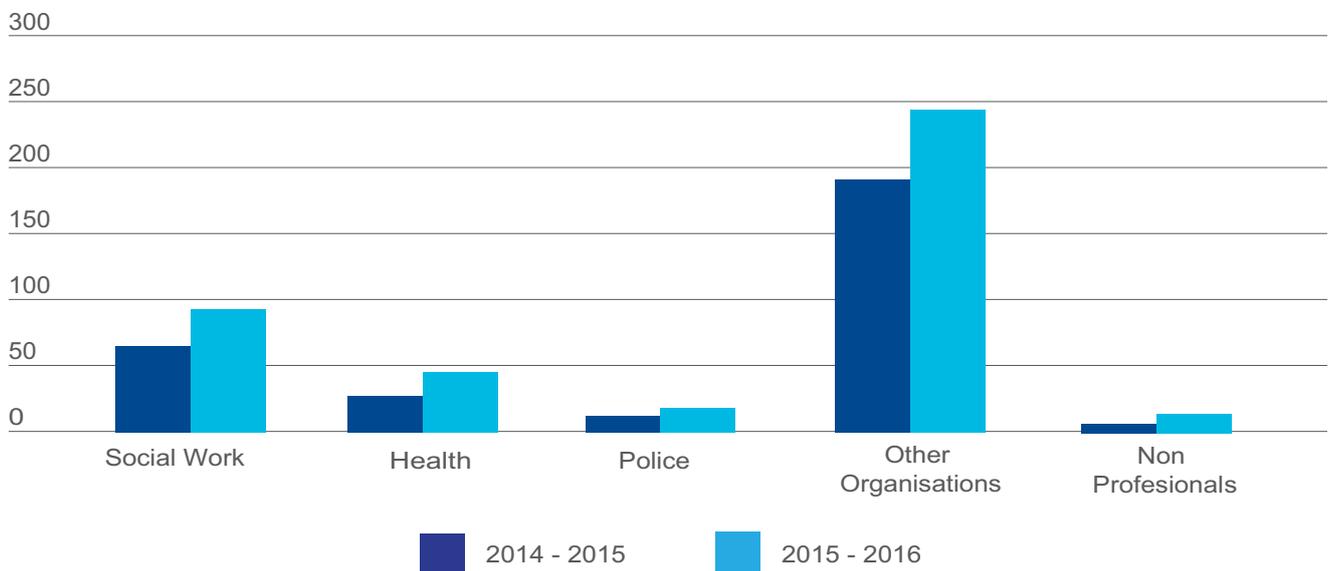
## 2. What the data provided is telling the Committee about types of harm/ people at risk in the area



All adult protection activity in Aberdeenshire is co-ordinated by the Aberdeenshire Adult Protection Network (APN). This enables a level of consistency and quality assurance with regard to referrals and outcomes for adults in need of support and protection. During this reporting period Aberdeenshire Council has provided information for the Scottish Government Adult Protection Dataset. (appendix 1 & 2)

The Adult Protection Dataset results show a 25% increase in concern reports from 2014 to 2016 (318 referrals received in 2014 – 2015 compared to 398 referrals received in 2015 – 2016). Comparison between this biennial reporting period and the previous one shows there is a decrease in referrals with 767 referrals being received in 2012/14 and 716 in 2014/16. Having said that, on comparing the years 2014/15 and 2015/16, a 25% increase in referrals can be seen.

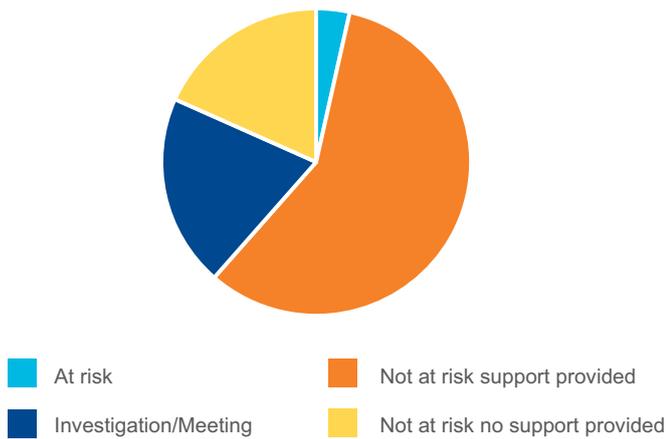
Referrals by Source - comparison



All adult protection referrals received by the APN lead to adult protection inquiries. In Aberdeenshire inquiries will include checking SW records and initial referral discussions with other professionals. The dataset shows an increase in the inquiries that move to investigations. In Aberdeenshire investigations could include adult protection visits, meetings and accessing health and financial records. The 2014 – 2015 dataset shows that one investigation occurred for every 6.5 inquiries undertaken. This increased in 2015 – 2016 to one investigation for every 4.9 inquiries.

During this reporting period outcomes of referrals following inquiries show that most referrals received are assessed not to be at risk of harm but support is received (61%). Figures remain low for referral outcomes as at risk of harm (3%). It is believed that more adults would be assessed to be at risk of harm if support had not been provided. Support mainly consists of health and social work service although in some cases support would be provided by other partners.

Outcomes Following Inquiries



When comparing outcomes of this reporting period and the previous reporting period, the Committee feels that it is positive. There has been a significant increase in those with an outcome as further AP action required. Further action required indicates a need for an AP Investigation or a professional meeting. 47 in 2012 – 2014 compared to 145 in 2014 – 2016). It is believed that this indicates the type of referrals are appropriate to consider under ASP legislation.

During the reporting period the highest percentage of referrals received came from service providers (51%).

Source of Referrals

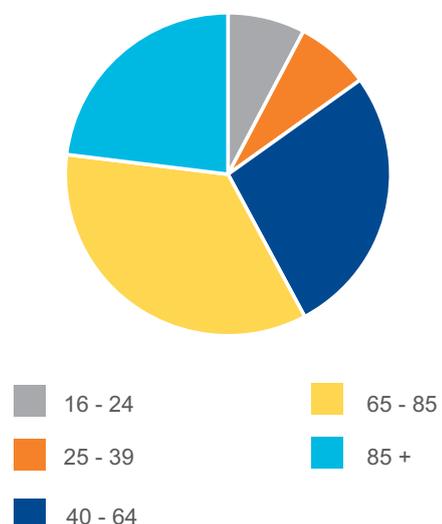


Unlike a number of other local authority areas, adult protection concerns reports from Police Scotland are low (4%) This is due to a process adopted in 2010, where police concerns, that were not adult protection, were signposted to the most appropriate service (police or health). During the reporting period 1280 police reports were passed to Social Work teams for the purpose of sharing information and assessment for services. Approximately 4000 police concern reports were passed to GP practices.

Regarding gender, females are more likely to be referred (63% of referrals). This is consistent to the previous reporting period where referrals for females accounted for 57% of the referrals.

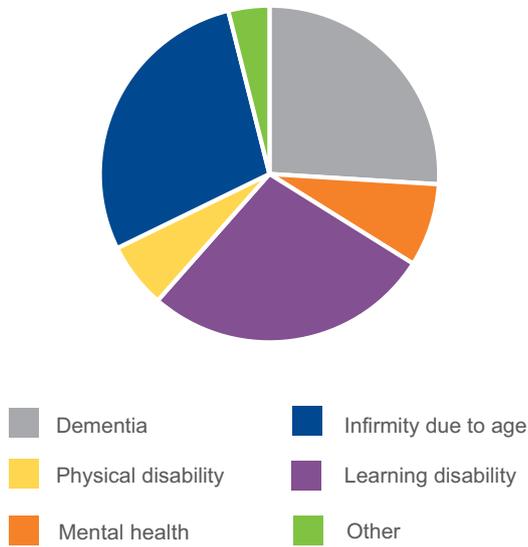
Over 58% of referrals received relate to adults over the age of 65. Compared to the previous reporting period there has been an increase in referrals that

Referrals by Age



relate to adults over the age of 85 (149 in 2012 – 2014 compared to 165 in 2014 – 2016) despite the overall reduction in referrals. This increase is likely to relate to an ageing population and the added vulnerabilities that arise due to age.

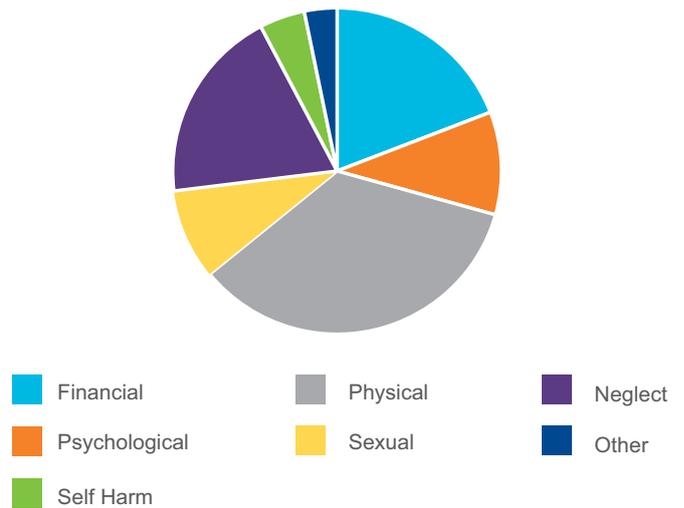
Referrals by Vulnerability



This links with the most prevalent noted vulnerability in referrals during this reporting period as dementia (186 referrals) and infirmity due to age (203 referrals). Compared to the previous reporting there has been a reduction in the referrals noting learning disability as the main vulnerability (262 in 2012 – 2014 compared to 197 in 2014 – 2016).

During the reporting period 35% of referrals received relate to physical harm. Following physical harm the next most prevailing type of harms are financial and neglect both at 19%. The pattern of types of harm is consistent from the previous reporting period.

Referrals by type of harm



The data above focussed on adult protection referrals received by Aberdeenshire Council. Although the Scottish dataset also focusses on data regarding those referrals that proceed to investigation during this reporting period, the Committee is not confident this extrapolation is accurate. Over the next reporting period this data collection will be more robust and additional focus will be given to those adults assessed to be at risk of harm.

Although most statistical information regarding adult support and protection is collated by the Aberdeenshire Adult Protection Network NHS Grampian also continues to use the incident reporting system DATIX to assist with early identification of ASP concerns. Across NHS Grampian in the period March 2014 to March 2016 a total of 167 ASP Datix reports were completed by NHS Grampian employees. This represents a 13% increase in referrals compared to April 2012 to March 2014.

### 3 What actions have been taken over the last 2 years to address the risk of harm identified (including information on each of the functions)?



In 2014 the Aberdeenshire Adult Protection Committee agreed to focus on four main priorities. These priorities were identified by the committee based on local needs but also took account of national work streams. The four priority areas identified are:

- Empowering service users/patients/people
- Harm in Registered Care Settings
- Increasing Health Referrals
- Preventing Financial Harm

As well as focussing on the four priority areas, the Committee continued to fulfil its other aims as set out in its terms of reference;

- Ensure the knowledge of staff, partners and the public of adult protection legislation is evaluated and effective training is developed.
- Raise awareness by providing information and advice to professionals and the wider community.
- Develop, review and audit procedures for inter-agency working to protect adults at risk.
- Develop, review and audit policies and strategies for protecting adults at risk.

- Develop and introduce arrangements to audit and disseminate local activity with regard to protecting adults at risk.
- Consult with people who use the service and the public about inter-agency services for the protection of adults at risk. Develop links and promote joint working with relevant organisations and groups.

#### Empowering service users/patients/people

The Committee is committed to listening to the views of service users/patients and adults who may be at risk of harm in all its work. A key objective of the members of the Committee is to consult with them with regard to inter-agency services for the protection of adults at risk.

The option of having an individual service user/carer as a member on the Committee was rejected previously as it was felt an impossible task for one person to represent such a large and diverse group. Instead, individual members of the Committee are encouraged to think about the impact and views of service users and carers when discussion occurs and actions are agreed. The role of Advocacy North East, which is a welcome and committed member of the Committee, plays a valuable role in this.

Improving adults' involvement at each stage of the process is a key priority of the Committee. This will be undertaken through raising awareness, informing the adult (unless not in their best interest) that they are subject of a referral and the process, assessing service user feedback and increasing use of independent advocacy services

It is felt that the most effective way to keep vulnerable adults safe is to give appropriate skills and knowledge about harm, support and protection.

The NHS Grampian Speech and Language Therapy staff that support adults with learning disabilities, in collaboration with the ASP Learning & Development Lead, have implemented a training package for service users with additional communication needs called "Keeping yourself safe from harm". The training package enables service providers to deliver a workshop to service users which lasts an hour. 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. The training has been well received by both service providers and service users themselves. The project was shortlisted for an NHS Grampian "GRAFTA" in the "innovation" category. As well as recognising the work the award successfully raised awareness and improved understanding of the importance of supporting at risk adults to keep themselves safe.

**During this reporting period 31 Keeping Safe From Harm workshops have been held involving 85 service users. This program will be increased during the next reporting period.**

Through front line services, service users' views are considered during the investigation and case conference process. To enable the adult to participate in the process, due cognisance is given to making venues for meetings accessible and extra support is provided if required. Examples of extra support are; pre meetings to enable the individual to become more familiar with the process and to increase confidence; use of speech and language professionals; use of independent advocacy.

Information leaflets were produced to enable service users to be guided through the adult protection process. These leaflets were produced with the support of Speech and Language Therapy to ensure the language used was user friendly. The leaflets are left with adults as part of an adult protection visit and are sent when invited to an adult protection case conference.



A service user survey was developed and introduced in 2014. The purpose of this survey was to get formal feedback from adults who become involved with the adult protection services. Advocacy North East was to explore, develop and implement ways in which to support the engagement of services users in the evaluation of ASP processes in order for those views to inform and enhance the delivery of ASP services within the locality.

Regrettably, despite the development and communication of materials, systems and processes to encourage and enable service users to have a voice in relation to the services that they have received, this opportunity has not, to date, been realised.

Following review it was recognised that the system that had been employed to communicate the evaluation process to service users was flawed, in that it required the case worker to be informed in their knowledge of independent advocacy and confident of the potential benefits that a referral to the service would bring to the client.

In order to address this challenge, Advocacy North East has embarked on a wide ranging promotional and engagement strategy to disseminate information on the concept and practice of independent advocacy. This includes the delivery of a presentation of our work within the ASP training that is delivered to a wide range of front line practitioners on a monthly basis.

Aberdeenshire Adult Protection Committee commissioned research in 2014 into the effectiveness of adult protection meetings and case conferences. The research was undertaken by Iconic Research and concluded in February 2015. Part of this research was to examine participation in the adult protection

process for adults at risk, and where relevant, their relatives and carers. Despite identifying 15 adults that could be interviewed as part of the process only 1 adult participated therefore evidence regarding this issue was taken from other professionals.

The report highlighted the prominence given to the involvement of adults potentially at risk of harm in the adult protection process, either directly in the meetings or by relaying their views and wishes through a third party, including their relatives/carers. The attendance of adults at risk can have a positive impact on the process.

Barriers to participation included anxiety about the process as well as the adult's capacity and their communication needs. As with professionals, the time and location of Adult Protection Case Conferences (APCC) can also be an issue although much is already done to minimise this. A particular issue was raised regarding adults at risk of harm who exercised their right, enshrined in the 2007 Act, not to engage with the process. The impact of the non-attendance of adults was seen as decisions being made which contrast with their wishes or are not tailored to their specific needs. However this was a minority view, with most professionals of the opinion that they strived to make decisions which were in the adults' best interests regardless of whether they were present or not. They highlighted that the adults' views were invariably presented by professionals who had been involved with them to date. Recommendations from the report were considered and implemented by the relevant agencies of the APC.

**“independent research commissioned by the APC showed adults' views were invariably presented by professionals who had been involved with them to date”**

Outcomes for adults and their carers form an important part of evaluation. Specific questions are included in a case file reading template to address this. In February 2015, a multi-agency file audit was undertaken focussing on adults in registered care settings. Compared with results from the previous reporting period, fewer adults had been involved in the process (10% in 2014-2016 compared to 63% in 2012 – 2014). This is likely to be due to the focus of the review as it is noted 75% of the adults were assessed not to have capacity. Additional results with regard to service user outcomes are noted below and similar to those from the previous audit:

- 95% of the cases audited assessed the quality of person centred working to be good or above. (increase of 2% from previous audit)
- 63% of cases audited showed that the adult was safer due to intervention. (decrease of 20% from previous audit)
- 85% of cases audited assessed that positive personal outcomes for the individual were being delivered. (same as previous audit)

### **Case Example**

**A man in his 20's with learning disabilities had attended a day centre with suspicious bruising. As well as communication issues due to his learning disability, there was an added complication of English being his second language. To enable effective communication, a joint interview was carried out with the GP (who the adult knew well) and a social worker with significant experience in working with people with learning difficulties. An interpreter was used to support the communication. This joint work continued when the adult's family was visited to explain the Adult Protection process and support services.**

### **Harm in Registered Care Settings**

In the previous reporting period the Committee noted that a large number of adult protection referrals relate to individuals in registered care settings (254 referrals 33%). There was significant national interest in harm that occurs in care homes. Therefore during this reporting period a priority of the committee focussed on adult protection and support in registered care settings.

It should be noted that although harm in registered care settings is a concern for the Committee, the level of referrals from service providers is viewed positively. The number of referrals indicates a significant level of awareness of adult protection in registered care settings in Aberdeenshire. It is believed ongoing access to training and contract monitoring has played a key role in this.

**“the Committee recognise a high level as referrals as indicating that our service providers has a good understanding of adult protection and take their role seriously”**

A Commissioned Services Survey that was completed during the previous reporting period further evidenced the knowledge and confidence of staff in registered care settings. Most respondents to the survey indicated that the majority of their staff had been trained in adult protection and were confident in their ability to recognise harm and make adult protection reports.

Aberdeenshire Contract and Commissioning Team developed a new contract management framework. This document was approved in March 2014 and has been fully implemented during this reporting period. These improved processes contribute to the protection of adults in registered care settings, through sharing information and establishing triggers for protection measures to occur.

**Thresholds Guidance and Large Scale investigation, iprocedure and guidance regarding managing harm in registered care settings, has been developed and promoted through the multi-agency partnership**

During this reporting period a Committee sub-group was formed to review processes for managing harm that occurs in a registered care setting and strengthening working practice between Aberdeenshire Council Adult Protection and social work teams, Aberdeenshire Council Contract and Commissioning Team, Service Providers and the Care Inspectorate.

A Thresholds Good Practice Guidelines document was produced and implemented. This has been developed to assist managers in determining whether a concern is an example of poor practice requiring action by the care organisation or if it is of a nature that requires to be reported to Adult Support and Protection. The document relates to all care settings including care and support delivered to the adult at home and managed care settings across health and social care in the statutory, voluntary and private sectors. The guidance given in this document, alongside good practice and professional judgment, has been effective in supporting decision making.

Adult Protection concerns that occurred in registered care settings often did not relate to single individuals. It became apparent that a procedure was required to provide a standardised approach across the Grampian area to deal with adult protection concerns in managed care settings where multiple adults may be at risk at the same time. A Grampian Large Scale Investigation Procedure supports this standardised approach.

A multi-agency file audit was undertaken in February 2015 focussing on adults in registered care settings. 20 cases were reviewed of adults who had been referred to the Adult Protection Network where harm had occurred in a registered care environment. Files for the review were submitted by Social Work, Primary Health Care, Community Health Care, Service Providers and Police. Files were read by a multi-agency case file review team consisting of professionals from Aberdeenshire Council, Police Scotland and NHSG.

90% of referrals were assessed to be good or above. The immediate action taken with regard to 95% of referrals was assessed to be proportionate and where required, the police were always informed.

85% of inquiries were assessed to be good or above. 95% of inquiries were assessed to be undertaken within an appropriate timescale, to be proportionate, information was share appropriately and the outcome was clearly recorded. 90% of inquires indicated that notification of the outcome was given to agencies involved.

In 4 of the cases audited, an adult protection visit to the subject of the referral occurred. The quality of all visits were assessed to be very good or above with all being assessed to be completed within an appropriate timescale and clearly recorded.

**“A multi-agency case review audit which focussed on adults in registered care setting showed positive working practices in recording, joint working and keeping adults safe due to intervention”**

In only 2 cases, an Adult Protection Meeting/Case Conference was held. All were assessed to be of very good quality All were assessed to have occurred in an appropriate timescale, action taken was appropriate and clearly recorded.

95% of files assessed the level of recording as good or above. 95% of files audited assessed the level of recording to be appropriate and in keeping with the needs of the individual. There was evidence that 60% of files had been reviewed/monitored by a line manager.

Outcomes for adults and their carers from the audit are noted in the section on ‘empowering service users’.

The audit identified a number of strengths, including good evidence of effective multi-agency working, communication and information sharing. A range of good practice was identified that evidence a good person centred approach. The Committee was pleased the audit identified that most adults had been made safer due to support and intervention.

In November 2015, two multi-agency events were held. These events were aimed at how to increase safety for older people in the short, medium and longer term particularly in regard to older people in residential care settings. The events were attended by 56 professionals from NHS Grampian, Aberdeenshire Council, Care Inspectorate, and Advocacy North East. The format of the events was a mixture of presentations and group work. The events promoted information sharing and discussion around current trends, consent and capacity, thresholds and the roles of different agencies.

**“Keeping Older People Safe events which focussed on registered care settings were well attended by both Social work and Health staff. Feedback received was positive regarding the learning from the events”**

Feedback from the events was positive with 90% of participants rating the quality of the event as good or above. The feedback was shared with the Committee which was pleased that participants have an increased understanding of the legislation, processes, roles and responsibilities of adult support and protection and that participants had an opportunity to examine their role in keeping older people safe, particularly in a managed care setting.

### Case Example

Referral made by Care Manager regarding a 71 year old man with dementia who resides in a residential care home. The Adult had been found with pressure sore on left cheekbone following missed 2 hourly turning visit by night staff. Following inquiries further concerns regarding the care home were noted. An investigation occurred including a council officer visit to a relative of the adult and examination of care record. The adult was not interviewed as he lacked capacity and was unable to communicate due to his dementia. As a result a meeting was convened, attended by the managing director from the service provider, the care manager, contracts officer, care inspector and an adult protection senior practitioner. This meeting not only focused on the AP incident but looked holistically at care being provided to other residents. As a result of the meeting the managing director undertook to put an action plan together. This was fully supported and monitored by other agencies. The situation improved for the adult and his relative and reduced risk to other residents in the care home.

### Health Referrals

In the previous reporting period, the Committee noted the small number of adult protection referrals coming from health professionals (68 referrals, 8%). As the largest partner in adult protection, with a significant amount of staff having frontline contact with vulnerable adults, there is an expectation that health professionals would be a main referral source. Therefore, during this reporting period, a priority of the Committee was to increase ASP referrals from health professionals.

During this reporting period, the Committee was supported by various professionals from health including the ASP Lead for NHSG, Operational Lead Nurse for Aberdeenshire, the Training Co-ordinator for NHSG and a GP representative (Committee member from Nov 2015 – March 2016).

The methods for increasing health referrals focussed on training, bespoke presentation to various health groups and targeting health professional to attend ASP events.

Training of staff is an important element of the NHS involvement and to date, the focus has been to raise awareness and improve reporting of Adult Protection concerns by all staff. All recommendations from the national priority of ASP in A&E settings have been delivered in Grampian and ongoing engagement demonstrates this has been sustained since implementation.

NHS Grampian's Learning Management System ensures the mandatory requirement for staff to complete ASP training is automatically pre-populated onto all NHS Grampian staff's Personal Development Plans. This occurs when staff commence their employment as part of their induction. This is approximately 250 staff per month. The Personal Development Plans are also pre-populated three years later to ensure staff refresh their learning.

NHS Grampian continues to collaborate with The Robert Gordon University in Aberdeen and the Aberdeen University to ensure that the under graduate curricula in Medicine, Nursing, Dietetics, Occupational Therapy, Physiotherapy and Radiography all include adult protection training as part of their mandatory preparation for practice module.

**"In Oct 2015 – ASP input was given to 140 5th year medical students at a public protection day"**

"Inter Professional Education" involving students from Medicine, Social Work, Adult and Mental Health Nursing, Pharmacy, Allied Health Professionals and police officers continues to be an effective way in supporting learning and strengthening understanding of the role of key partners.

NHS Grampian continues to use the incident reporting system DATIX to assist with early identification of ASP concerns. On some occasions, monitoring NHS ASP Datix concerns can highlight lack of awareness/knowledge. This is then used as an opportunity for the ASP Learning & Development Lead to highlight the situation and offer a training session to the team. To date this approach has been successful and the offer of support taken up.

**"6000 of ASP leaflet were distributed to GP and Dental practices, NHS service points, SAS patient transport in Aberdeenshire."**

Information contained within DATIX reports has been incorporated into training to assist in reinforcing the importance of making awareness and understanding of adult protection everyone's business.

Adult Protection DATIX reports are monitored to check appropriate action has been taken. DATIX reports provide evidence that, since the work undertaken as part of the national priority supporting ASP in A&E settings, the hospitals (Aberdeen and Elgin), continue to proactively report Adult Protection concerns.

During this reporting period bespoke presentation regarding roles and responsibility under ASP have occurred at various health professional groups, most notably twice at the NHSG Clinical Governance Committee.

It is noted there has been positive representation from health staff at events in Aberdeenshire that have had an ASP focus. Events such as Keeping Older People Safe, Financial Harm, APC Action Plan Workshops and a Dementia Conference were all well attended.

Compared with the previous biennial reporting period, the level of referrals from health staff has remained similar. In this reporting period, in 2014 – 2015, 26 referrals were submitted, while in 2015 – 2016, 43 referrals were submitted. It is recognised by the Committee that the statistics around referrals are an indicator of performance, although more qualitative analysis is required.

**"In the last year there has been a 72% increase in Adult Protection Referrals from health professionals"**

In December 2015, the Operational Lead Nurse in Aberdeenshire undertook various conversations with Clinical Leads and District Nursing Team Leads to gauge their opinions and experiences of adult protection. This indicated the level of multi-agency work which is undertaken within Aberdeenshire that supports vulnerable adults and reduces the likelihood of these individuals being at risk of harm. The following statement accurately sums up the feelings expressed:

"We have received AP training. In our experience there are no regular concerns within our area. A lot of our patients are vulnerable but closely monitored – close team working with Social Work, GP colleagues and others. We have had concerns in the past where we recognise complex/difficult situations where there is potential for AP issues – however in these cases we are already closely involved with MDT members. If we had an AP concern we would contact the local AP number directly."

Further work undertaken in 2015 with GP practices noted a similar view

“some GP’s feel that by discussing any ASP concerns at weekly meetings with the Care Officer at the Practice, the need to submit ASP forms was removed.”

The Committee welcomes the proactive work being undertaken by health staff and multi-disciplinary health teams to support vulnerable adults and reduce the need for formal ASP processes. This is in line with legislation which indicates that the least restrictive options should be implemented. The Committee feels further analysis and assurances are required regarding these practices and this work will be taken forward in the next reporting period.

**Case Example**

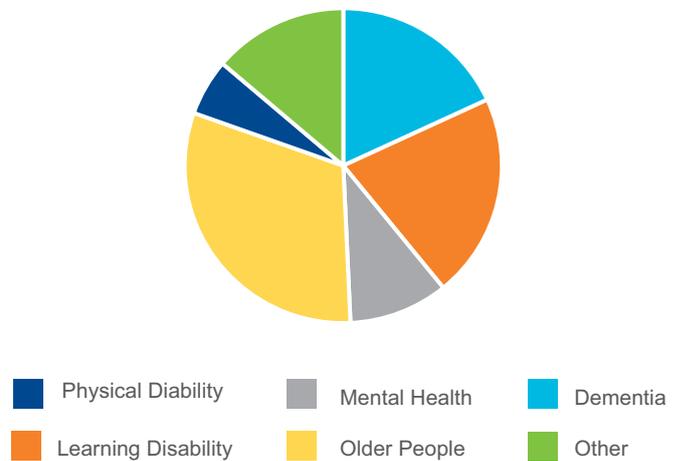
An 18 year old female with a diagnoses of Autistic Spectrum Disorder and an emerging borderline/emotionally unstable personality disorder was referred by a Social Worker within the CMHT. Harm related to increasing self-harming behaviour which was escalating in severity & frequency. Referrer highlighted that the adult was not open to Adult Psychiatry and had been closed by YPD due to her having turned 18 years. Adult was not engaging with the CMHT & was only being seen by professionals during periods of crises, i.e. Police or hospital following admission due to self-harm. A multi-agency meeting was held and GP attended and was able to provide substantial information relating to risk that was previously unknown to other services. GP advised that it was only when she started to collate all the information that she realised the extent of the risk-taking behaviour as the adult had been seen by various health professionals at the practice. Examination and sharing of this information allowed the adult to be appropriately assessed in terms of risk/priority and allowed appropriate actions to be taken. All services now have good communication and gives regular updates regarding regular contact with Adult. Adult has now been assessed by Adult Psychiatry and is open to them and has also been referred to Psychology. Since the meeting incidents of self-harming behaviour has significantly reduced so there is evidence that AP intervention, although not welcomed by the Adult, has been successful.

**Financial Harm**

A significant percentage of referrals to the Aberdeenshire Adult Protection Team relate to adults who have been, or who are being, financially harmed. There is also national interest in financial harm with it having been identified as a priority. Therefore, during this reporting period, a priority of the Committee was to reduce financial harm. This work focussed on prevention as well as supporting individuals when financial harm occurred.

During this reporting period 137 reports (19%) of all referrals related to financial harm. with most adults referred being more vulnerable due to old age or dementia (52%).

Financial Harm Referrals by Vulnerability



A Grampian-wide Financial Harm sub-group was formed in February 2015. The group consists of members from Adult Protection Services and Trading Standards from the three council areas in Grampian, North East Credit Union, Citizens Advice Scotland, Royal Bank of Scotland, the Third Sector and Police Scotland Crime Reduction Officers. The aim of the group is to raise awareness of financial harm through working with both public and private organisations, hosting events, and participating in planned initiatives. Since foundation, the group has held six awareness raising sessions and been part of numerous local and national initiatives.

In June 2014, a Financial Harm event was held. The event was initially aimed at the private sector and in particular financial institutions and solicitors. This did not draw the expected numbers, therefore the initial plan was changed to two half day events aimed at raising awareness of financial harm for professionals working with people who could be vulnerable to financial harm. Presentations were given by the Office of the Public Guardian and the Scottish Business Resilience Centre.

In February 2016, four half day events were held to raise awareness of financial harm. These were aimed at professionals working with vulnerable adults. During the events presentations were given by staff from Adult Protection, the Office of the Public Guardian, Trading Standards and the Royal Bank of Scotland. These events were very well attended and very well evaluated.

Information sessions regarding financial harm have been held at three of the largest banks in Aberdeenshire. These sessions gave banking staff and their customers information on general crime reduction, home security, cybercrime, scams, doorstep crime/bogus callers

In the previous reporting period a list containing the names and addresses of 438 individuals in the Aberdeenshire area who were potentially victims of scams was made available via the National Scam Hub. A joint partnership approach utilising staff and resources from the Adult Protection Network, Police Scotland and Trading Standards was developed so that people identified through the scam list are assessed regarding their vulnerability to being victims of financial harm.

During the reporting period, links between the Adult Protection Network and Trading Standards officers in Aberdeenshire have been strengthened. Adult protection training has been delivered and discussion has clarified links in the legislation relating to the two teams. Aberdeenshire Trading Standards set an action to 'further publicise, through social work and other appropriate agencies, our free loan service of call blockers to vulnerable adults'. The Committee believes that there is strong partnership working and procedures to protect and support vulnerable adults where they are identified as a potential victim of financial harm.

Although financial harm will not be a main priority of the Committee in the next reporting period the Grampian Financial Harm Sub-group will continue to meet with a continued focus to raise awareness to prevent financial harm and to respond quickly and efficiently to support adults when it does occur.

## Learning from Case Reviews (National and Local)

During this reporting period the Committee reviewed the following national reports from case reviews:

- MR JL  
[www.mwcscot.org.uk/media/193171/final\\_report\\_-\\_mr\\_jl.pdf](http://www.mwcscot.org.uk/media/193171/final_report_-_mr_jl.pdf)
- Orchid View SCR  
[www.westsussex.gov.uk/media/5171/orchid-view-serious-case-review.pdf](http://www.westsussex.gov.uk/media/5171/orchid-view-serious-case-review.pdf)
- In Search of Accountability  
[gov.wales/docs/dhss/publications/150714ojreporten.pdf](http://gov.wales/docs/dhss/publications/150714ojreporten.pdf)

All recommendations were reviewed by the Committee to assess if there were local implications. Although none of the recommendations from the case reviews were taken forward locally, each of the reports has been used in training and events held on behalf of the Committee during this reporting period.

Although no serious case reviews were undertaken by the Committee during the reporting period, two referrals did occur which resulted in an Initial Review report being considered by the Committee. One review has been delayed due to an ongoing police investigation and will be outlined in the next reporting period. The other proceeded to a multi-agency review and information regarding this review is noted below.

The subject of the review was an 85 year old female who resided in an Aberdeenshire Council Care Home. Although physically mobile, she suffered from dementia and as a result could become confused regarding her surroundings. On occasion, she became physically violent towards Care Home staff and other residents.

On one occasion a staff member observed the adult arguing with another resident with severe dementia. In her confused state, the adult was trying to enter the room of the other resident, believing it to be her own.

The staff member approached in an attempt to calm the argument. During the intervention, the adult moved towards the staff member and the other resident in an aggressive manner. The staff member believed the adult was going to strike him and raised his left hand to block her coming towards him. His hand made contact with her upper right torso and this caused her to fall onto the floor.

After she fell to the floor, it was evident the adult was in extreme discomfort as she was distressed and crying out in pain. Medical attention was sought immediately and the adult was admitted to hospital, at which time it was established that she had sustained a fracture

to her left hip. She underwent an operation on her hip. No complications were reported in relation to this procedure.

The following week the adult was found unresponsive and was pronounced dead. A death report was submitted to the Crown Office, who decided that no further action should be taken.

A review team was formed and consisted of experts from Aberdeenshire Council care management and care home management as well as the Consultant Nurse for Patient Experience and Patient Safety. A request was sent to the local General Practice to discuss the areas of the review as they had previously been copied into the correspondence between agencies.

The Review Team identified lessons and good practice. They recommended actions and identified who is responsible to implement within the relevant agency. The follow areas were to be explored;

- Variation in operational policies and accredited training programmes between NHS and local authority staff engaged in care of vulnerable people
- Use of agency/seconded staff in Aberdeenshire Council Care Homes;
- How health and social work practitioners are supported to manage challenging behaviour such as presented by the adult including recording, care/ treatment plans and review arrangements for such individuals;
- How complaints and concerns are handled and any barriers to concerns being escalated to senior managers.

The review highlighted areas of best practice identified during the review process. They are as follows;

- Robust discharge planning and discharge notes shared by the ward to the care home at the time of moving from the hospital.
- Each care home has a named Community Psychiatric Nurse (CPN).
- Suite of training for dementia for both health and social care staff
- NHS staff working in care home get access to all the local authority training.

- Role of dementia champions in NHS and Care Homes.
- Joint Adult Support and Protection policy provides a shared understanding across Health and Social Care.
- Overall the model of care was seen as positive and the permanent members of staff thoroughly enjoy the role they have as a registered nurse.

They also identified that work had been undertaken since the incident, lessons had been learnt and alternative ways of working adopted.

The review led to the development of an action plan which had 12 specific actions. As many of these actions were wider than the remit of the Committee it was agreed the Health and Social Care Partnership would lead on the actions being taken forward. The Committee welcomed the role the Health and Social Care Partnership had in implementing the actions from the review.

As a result of the two ICR's that were presented to the Committee during this reporting period, it was assessed that the SCR protocol, developed in 2013, in need of review. This review has been completed.

The latest protocol clarifies the role of the Committee and partnership organisations. It also gives the Committee additional options for reviewing cases where the threshold for a SCR is not met. To support the new protocol, the Committee agreed that the Operational Practice Group, a subgroup of the APC, would take the lead in gathering information and making recommendations to the Committee should a Case Review be required. The Committee is confident that this process is robust and fit for purpose.

# 4 What challenges do the Committee and/or public bodies with a duty to co-operate continue to face?

Over the next 2 year period, there will be ongoing challenges for the APC in relation to how we link our work with that of the Community Planning Partnership, the Health and Social Care Partnership, and their respective strategic priorities. Key challenges identified are:

- Workloads – there has been an increase in referrals over this two year period and as awareness increases it is assessed that referrals will continue to increase. Limited capacity of partner agency representatives to commit the time and effort they want to undertake ASP work, when faced with competing demands will continue to be a challenge. The Committee will strategically assess how referrals are managed by partnership organisations and support these organisations to work efficiently and proportionately to support and protect adults at risk of harm. Increased emphasis will be given to prevent harm including increasing an adult's ability to protect themselves.
- Changing landscape – the implementation on Health and Integration will have created significant changes to Social Work and Community Health structures. This will create both challenges and opportunities to develop ASP services. The Committee will take an active role in the development of the Partnership to ensure that adult support and protection is fully incorporated.
- Performance Management – the Committee is committed to creating services that are shaped by the needs, views and experiences of our service users. It has identified that service users include adults at risk, service users, families and carers, referrers to ASP, and staff that support vulnerable adults who may be at risk of harm. The Committee needs to identify a robust system to gather qualitative data about the experience of the ASP process to help improve processes making them more person centred and user led.
- National Direction – as the national Policy Forum for Adult Protection was disbanded during this reporting period, challenges exist to ensure a strong national direction in relation to ASP. Representation from the Committee will continue to attend national forums such as National Conveners Group, Social Work Scotland, the National ASP Working Group. The Committee will support and work in partnership with the National ASP Co-ordinator to take forward national objectives.
- Information sharing – sharing information in a safe

and secure manner, so that all agencies are aware of the particular issues that each faces.

- Understanding complexities of ASP – as practice develops, it is noted that multi-agency professionals continue to have difficult discussions when reaching agreement about an adult being at risk of harm. Some of the complexities are regarding similar themes, such as assessing a person's ability to protect themselves, a person's right to make poor decisions, the impact of capacity when a person is being assessed as an adult at risk of harm and the impact of undue pressure. Our current awareness and training sessions are being adapted to support professionals to reflect these decisions, so that decisions about protection plans are not delayed due to conflicts between different professionals.



# 5 What is the Committee's focus going to be over the next two years?

In 2016 a multi-agency workshop was held to identify four priority areas for the Committee over the next reporting period. As well as Committee members the workshop also involved staff from partnership organisations which play a key role in the support and protection of adults at risk of harm. The 30 multi-agency attendees at the workshop identified and discussed the following priority areas:

- Ensure that the views of service users are used to inform and influence the way in which adult protection services are delivered
- Review/assess what mechanisms are available, and their effectiveness, to protect vulnerable adults where they do not meet the adult at risk legislation thresholds

- Audit local teams to ensure they have the appropriate awareness, training and guidance to understand and comply with the Adult Support and Protection Policy and Procedures
- Critically evaluate information-sharing protocols and practice

As well as focussing on the four priority areas the Committee will continue to fulfil its other aims as set out in the terms of reference.



## 6 Summary

In the last 2 years, the Committee has achieved most of their objectives and is encouraged by the outcome of multiagency work undertaken. There has been effective action on the four main priority areas identified by the Committee at the start of the reporting period and many other actions, outlined in Section 3 of this report.

The Committee continues to be pro-active in identifying and addressing relevant areas of concern in relation to adult support and protection thereby supporting adults who may be at risk of harm. There are robust systems for collating and analysing data and these are discussed by the Committee regularly.

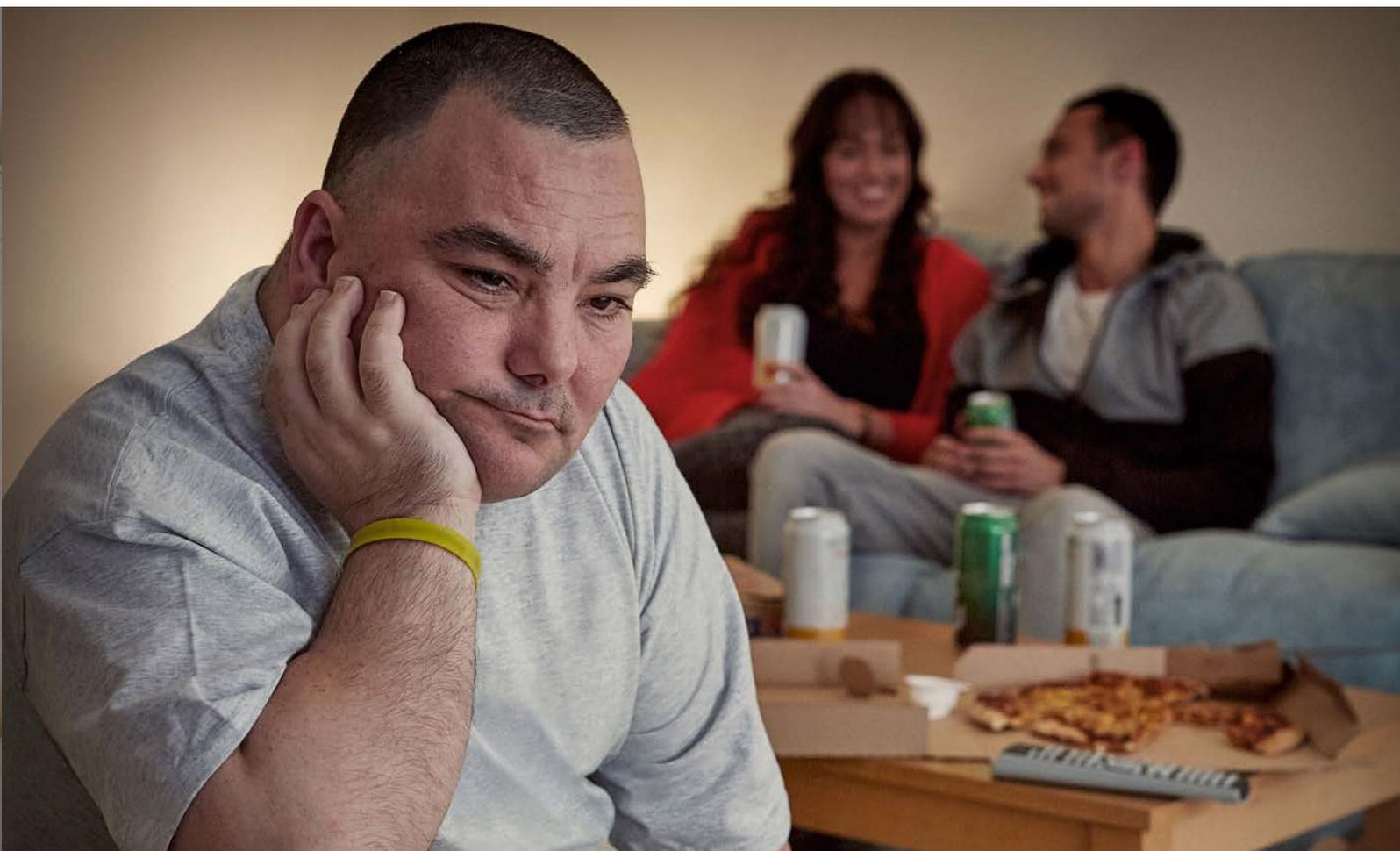
There continues to be challenges. With greater awareness from both partnership organisations and the public there has been an increase in the level and appropriateness of referrals. This has impacted significantly on staff involved in supporting and protecting adult at risk of harm. Over the next reporting period focus will be on how best we can protect vulnerable adults with limited resources.

During this reporting period, a changing landscape emerged through the implementation of Health and Social Care Integration. Similar to the impact in previous years when Police, Fire and Care Inspectorate services changed, the Committee has a key role in recognising and adapting to the impact these changes

have in the support and protection of adults at risk of harm. Health and Social Care Integration will have a significant impact on how services are delivered and this change will bring both opportunities and challenges in our ability to protect and support adult at risk of harm.

Collaborative working is a particular strength of the Committee and the wider Grampian Adult Protection partnership. Building on pre-existing relationships, the Committee has succeeded in fostering open and honest communication. Learning is shared across the partnership and issues are dealt with at the lowest possible level to reach a satisfactory resolution. This has not been without a great deal of effort and, on occasion, difficulty. However, commitment by all partners, and the nomination of key individuals, has facilitated communication and co-operation. The Committee has operated to ensure that there is a no blame culture to the challenges for each partner.

The APC Action Plan 2014 -2016 (appendix 3) shows the work that has been completed by the Committee during this reporting period. Although much has been achieved, the list of areas where development remains is extensive. Over the next reporting period the Committee will continue to develop services to meet the needs of its community.



# Appendix 1 Adult Protection Scottish Government data return 2014 - 2015

## Table 1 Adult Protection Annual Return 1 April 2014 to 31 March 2015

To be completed for all adults who were subject to a referral under the Adult Support & Protection (Scotland) Act 2007 between 1 April 2014 and 31 March 2015

### Section A: Data on Referrals

Question 1: How many ASP referrals were received between 1 April 2014 and 31 March 2015?	
Total number of referrals	318
Question 2: Source of principal referral	
Source of referrals	Number of referrals
NHS	25
GPs	0
Scottish Ambulance Service	1
Police	11
Scottish Fire & Rescue Service	2
Office of Public Guardian	0
Mental Welfare Commission	0
Healthcare Improvement Scotland	0
Care Inspectorate	3
Other organisation	182
Social Work	72
Council	18
Self (Adult at risk of harm)	0
Family	1
Friend/Neighbour	0
Unpaid carer	0
Other member of public	0
Anonymous	1
Others	2
<b>Total</b>	<b>318</b>

## Section B: Data on Investigations

Question 3: Number of investigations commenced under the ASP Act between 1 April 2014 and 31 March 2015?

Total number of investigations	49
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Question 4a: How many investigations were commenced for people of the following age and gender?

Age Group	Number of investigations by age and gender			
	Male	Female	Not known	All adults
16-24	4	5	0	9
25-39	1	2	0	3
40-64	6	6	0	12
65-69	4	2	0	6
70-74	3	3	0	6
75-79	1	0	0	1
80-84	2	2	0	4
85+	4	4	0	8
Not known	0	0	0	0
<b>Total</b>	<b>25</b>	<b>24</b>	<b>0</b>	<b>49</b>

Each investigation should only be counted once in this table

Question 4b: How many investigations were commenced for people of the following age and ethnic group?

Age Group	Number of investigations by age and ethnic group					
	White	Mixed or multiple ethnic groups	Asian, Asian Scottish or Asian British	African	Caribbean or Black	Other ethnic group
16-24	0	0	0	0	0	0
25-39	1	0	0	0	0	0
40-64	1	0	0	0	0	0
65-69	1	0	0	0	0	0
70-74	0	0	0	0	0	0
75-79	0	0	0	0	0	0
80-84	0	0	0	0	0	0
85+	0	0	0	0	0	0
Not known	0	0	0	0	0	0
<b>Total</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Each investigation should only be counted once in this table

**Question 5: How many investigations were commenced for clients in the following primary main client group?**

Client groups	Number of investigations by client groups
Dementia	10
Mental health problem	2
Learning disability	13
Physical disability	5
Infirmity due to Age	9
Substance misuse	0
Other	10
<b>Total</b>	<b>49</b>

*Each investigation should only be counted once in this table*

**Question 6: Type of principal harm which resulted in an investigation (as defined under the ASP Act) between 1 April 2014 and 31 March 2015?**

Type of principal harm which resulted in an investigation	Number of investigations
Financial Harm	13
Psychological harm	3
Physical harm	14
Sexual harm	4
Neglect	11
Self-harm	2
Other	2
<b>Total</b>	<b>49</b>

**Question 7: Where did the principal harm take place which resulted in an investigation (as defined under the ASP Act) between 1 April 2014 and 31 March 2015?**

Location of principal harm which resulted in an investigation	Number of investigations under the ASP Act
Own home	23
Other private address	
Care home	11
Sheltered housing or other supported accommodation	4
Independent Hospital	0
NHS	4
Day centre	12
Public place	5
Not known	1
<b>Total</b>	<b>49</b>

## Section C: Data on ASP Case Conferences and Protection Orders

Question 8: How many cases were subject to an ASP Case Conference between 1 April 2014 and 31 March 2015?

Type of ASP Case Conferences	Number of ASP Case Conferences
Initial ASP case conference	22
Review ASP case conference	26
ASP case conference*	
<b>Total</b>	<b>48</b>

\* If your system/process does not differentiate between initial and review, enter the total number of ASP cas

Question 9: How many Protection Orders were granted between 1 April 2014 and 31 March 2015?

Types of Protection Orders	Number of Protection Orders granted
Assessment Order	0
Removal Order	1
Temporary Banning Order	0
Banning Order	0
Temporary Banning Order with Power of Arrest	0
Banning Order with Power of Arrest	0
<b>Total</b>	<b>1</b>

## Section D: Data on ASP Large Scale Investigations (LSI)

Question 10: Number of LSI commenced between 1 April 2014 and 31 March 2015?

Total number of LSI	7
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# Appendix 2 - Adult Protection Scottish Government dataset 2015 - 2016

## Table 1 Adult Protection Annual Return 1 April 2015 to 31 March 2016

To be completed for all adults who were subject to a referral under the Adult Support & Protection (Scotland) Act 2007 between 1 April 2015 and 31 March 2016

### Section A: Data on Referrals

Question 1: How many ASP referrals were received between 1 April 2015 and 31 March 2016?	
Total number of referrals	398
Question 2: Source of principal referral	
Source of referrals	Number of referrals
NHS	41
GPs	2
Scottish Ambulance Service	2
Police	19
Scottish Fire & Rescue Service	3
Office of Public Guardian	4
Mental Welfare Commission	0
Healthcare Improvement Scotland	0
Care Inspectorate	5
Other organisation	187
Social Work	86
Council	19
Self (Adult at risk of harm)	1
Family	13
Friend/Neighbour	1
Unpaid carer	0
Other member of public	0
Anonymous	0
Others	15
<b>Total</b>	<b>398</b>

## Section B: Data on Investigations

Question 3: Number of investigations commenced under the ASP Act between 1 April 2015 and 31 March 2016?

Total number of investigations	81
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Question 4a: How many investigations were commenced for people of the following age and gender?

Age Group	Number of investigations by age and gender			
	Male	Female	Not known	All adults
16-24	3	5	0	8
25-39	3	3	0	6
40-64	6	19	0	25
65-69	3	0	0	3
70-74	2	1	0	3
75-79	3	5	0	8
80-84	7	4	0	11
85+	4	13	0	17
Not known	0	0	0	0
<b>Total</b>	<b>31</b>	<b>50</b>	<b>0</b>	<b>81</b>

Each investigation should only be counted once in this table

Question 4b: How many investigations were commenced for people of the following age and ethnic group?

Age Group	Number of investigations by age and ethnic group					
	White	Mixed or multiple ethnic groups	Asian, Asian Scottish or Asian British	African	Caribbean or Black	Other ethnic group
16-24	1	0	0	0	0	0
25-39	0	0	0	0	0	0
40-64	2	0	0	0	0	0
65-69	0	0	0	0	0	0
70-74	1	0	0	0	0	0
75-79	1	0	0	0	0	0
80-84	2	0	0	0	0	0
85+	0	0	0	0	0	0
Not known	0	0	0	0	0	0
<b>Total</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Each investigation should only be counted once in this table

**Question 5: How many investigations were commenced for clients in the following primary main client group?**

Client groups	Number of investigations by client groups
Dementia	17
Mental health problem	11
Learning disability	22
Physical disability	6
Infirmity due to Age	20
Substance misuse	3
Other	2
<b>Total</b>	<b>81</b>

*Each investigation should only be counted once in this table*

**Question 6: Type of principal harm which resulted in an investigation (as defined under the ASP Act) between 1 April 2015 and 31 March 2016?**

Type of principal harm which resulted in an investigation	Number of investigations
Financial Harm	23
Psychological harm	11
Physical harm	19
Sexual harm	2
Neglect	21
Self-harm	4
Other	1
<b>Total</b>	<b>81</b>

**Question 7: Where did the principal harm take place which resulted in an investigation (as defined under the ASP Act) between 1 April 2015 and 31 March 2016?**

Location of principal harm which resulted in an investigation	Number of investigations under the ASP Act
Own home	40
Other private address	0
Care home	19
Sheltered housing or other supported accommodation	2
Independent Hospital	0
NHS	1
Day centre	3
Public place	10
Not known	6
<b>Total</b>	<b>81</b>

## Section C: Data on ASP Case Conferences and Protection Orders

Question 8: How many cases were subject to an ASP Case Conference between 1 April 2015 and 31 March 2016?

Type of ASP Case Conferences	Number of ASP Case Conferences
Initial ASP case conference	13
Review ASP case conference	30
ASP case conference*	
<b>Total</b>	<b>43</b>

\* If your system/process does not differentiate between initial and review, enter the total number of ASP cas

Question 9: How many Protection Orders were granted between 1 April 2015 and 31 March 2016?

Types of Protection Orders	Number of Protection Orders granted
Assessment Order	0
Removal Order	0
Temporary Banning Order	0
Banning Order	0
Temporary Banning Order with Power of Arrest	0
Banning Order with Power of Arrest	0
<b>Total</b>	<b>0</b>

## Section D: Data on ASP Large Scale Investigations (LSI)

Question 10: Number of LSI commenced between 1 April 2015 and 31 March 2016?

Total number of LSI	4
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# Appendix 3 - APC Action Plan 2014-2016

## Aberdeenshire Adult Protection Committee – Action Plan April 2014 to March 2016

The Aberdeenshire Adult Protection Committee was established in October 2008 following the implementation of the Adult Support and Protection Act. The Committee has responsibility for monitoring and advising on adult protection procedures, ensuring appropriate cooperation between agencies and improving the skills and knowledge of those with a responsibility for the protection of adults at risk.

The Committee is made up of members from senior managers in our Housing and Social Work Service, Police Scotland, NHS Grampian, Scottish Ambulance Service, Scottish Fire and Rescue Service, Advocacy North East, Aberdeenshire Voluntary Action and Scottish Care.

Adult Protection Committee aims to:

- Ensure staff, partners and the public's knowledge of adult protection legislation are evaluated and effective training is developed.
- Raise awareness by providing information and advice to professionals and the wider community.
- Develop, review and audit procedures for inter-agency working to protect adults at risk.
- Develop, review and audit policies and strategies for protecting adults at risk.
- Develop and introduce arrangements to audit and disseminate local activity with regard to protecting of adult at risk.
- Consult with people who use the service and the public about inter-agency services for the protection of adults at risk.
- Develop links and promote joint working with relevant organisations and groups.

The fullis action plan sets out the priorities that have been agreed for the 2014 – 2016 reporting period. It states the expected impact of actions, who is responsible for undertaking actions and how progress is evidenced. The bellow table summarises the priorities and the actions that have been undertaken during this reporting period.

Empowering Service Users	
<ul style="list-style-type: none"> <li>✓ Independent research complete on Barriers to</li> <li>✓ Keeping Safe from Harm training for trainers course developed and delivered. Feedback received. 31 Keeping Safe from Harm workshops have been held involving 85 service users.</li> <li>✓ General leaflets to be made available to support and inform the Adult through the AP process. Disturbed over 8000 leaflets through GP and Dental Practices, NHS Service Points, SAS Patient Services, Police and SFRS. Leaflets publicised through Aberdeenshire Voluntary Action. Electronic copy available on Aberdeenshire Council Website</li> </ul>	<ul style="list-style-type: none"> <li>✓ All Adults involved in the ASP process are given specific leaflet regarding Visits, Case Conference and Protection Plans.</li> <li>✓ Increase awareness of the benefits of Advocacy services to promote Advocacy involvement in the ASP process through attendance at team meetings, presentation at events and input at module 2 ASP training.</li> <li>✓ Service user are given the opportunity to comment on the process that they have experienced the service user survey.</li> </ul>
Increasing Health Referrals	
<ul style="list-style-type: none"> <li>✓ GP representation on the APC gained</li> <li>✓ Guidance on GP role through presentations and information sheet.</li> <li>✓ APC representative's attended clinical services group on ASP and legislation and the role of the GP.</li> <li>✓ Attendance of GP's and other health professionals at Harm in registered Care Event. 5 GP's and 20 community health staff attended</li> </ul>	<ul style="list-style-type: none"> <li>✓ E-learning continues to be mandatory training and is completed by 150 staff on average per month.</li> <li>✓ Awareness session delivered to undergraduate Dieticians at Robert Gordons University.</li> <li>✓ ASP training to all 3rd and 5th year medical students and all GP trainees in hospital and community practice based placements.</li> <li>✓ GPs attended ASP workshop at Grampian Dementia Conference.</li> </ul>
Reducing Financial Harm	
<ul style="list-style-type: none"> <li>✓ Form a Grampian multi-agency subgroup focussing on FH</li> <li>✓ Financial harm events occurred in May 2014 and Feb 2016</li> <li>✓ Participation in Scam Awareness month.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Collate appropriate resources already in existence</li> <li>✓ Post regular updates on the social media sites of partner agencies and encourage further posting or re-tweeting by stakeholders</li> </ul>
Reducing Risk of Harm in Registered Care Settings	
<ul style="list-style-type: none"> <li>✓ Form an Aberdeenshire multi-agency subgroup focussing on harm in registered care settings</li> <li>✓ Monitor referrals relating to harm in registered care setting to assess impact of work streams.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Develop and introduce thresholds document</li> </ul>
Increase Awareness of Adult Protection in Aberdeenshire	
<ul style="list-style-type: none"> <li>✓ Support communication strategy linking different themes of Adult Protection</li> <li>✓ Create general information leaflet and distribute widely. Over 8000 leaflet have been distributed.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Support training of staff in all agencies through supporting the Learning and Development Plan 2014/2016 (see appendix 3)</li> </ul>

Reduce barriers to participation in adult protection meetings/case conferences	
<ul style="list-style-type: none"> <li>✓ Undertaken research to looking at barriers and implement recommendations.</li> <li>✓ All Adults involved in the ASP process are given specific leaflet regarding Visits, Case Conference and Protection Plans.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Increase awareness of the benefits of Advocacy services to promote Advocacy involvement in the ASP process.</li> </ul>
Take an active role in the health and integration plan in Aberdeenshire	
<ul style="list-style-type: none"> <li>✓ Representative of the APC to attend Aberdeenshire Health and Social Care Management Senior Management Team meeting as required.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Support the implementation of Aberdeenshire Health and Social Care Partnership Strategic Plan specifically in relation to Priority 15 - Identifying and taking steps to protect vulnerable adults</li> </ul>
Monitor the implementation of Self Directed support and assess need for action to reduce risk.	
<ul style="list-style-type: none"> <li>✓ Presentation and review to occur at Committee</li> <li>✓ Raise awareness of ASP with service users that are undertaking the SDS process</li> </ul>	<ul style="list-style-type: none"> <li>✓ ASP training available to carers and personal assistants.</li> </ul>
Develop and review ASP policies when required.	
<ul style="list-style-type: none"> <li>✓ Review Grampian Interagency Policy and Procedure for the Support and Protection of Adults at Risk of Harm</li> <li>✓ Review Grampian ASP Significant Case Review Procedure.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Review Large Scale Investigation protocol</li> <li>✓ Develop Thresholds Document</li> <li>✓ The Information Sharing protocol to be increased to include the following organisations; SFRS, SAS, OPG and MWC</li> </ul>
Respond to case reviews undertaken by the APC	
<ul style="list-style-type: none"> <li>✓ Multi Agency Review for Case A - action agreed and taken forward by the Health and Social Care Partnership.</li> </ul>	<ul style="list-style-type: none"> <li>✓ ICR Case B - ICR considered by APC, awaiting police investigation to conclude before full discussion to occur at APC</li> </ul>
Respond to local and national consultations	
<ul style="list-style-type: none"> <li>✓ SFRS Local Plans</li> <li>✓ Duty of Condor</li> <li>✓ ASP dataset</li> <li>✓ Wilful Neglect</li> </ul>	<ul style="list-style-type: none"> <li>✓ Police Scotland – Risk and Concern Project</li> <li>✓ Prevent Strategy</li> <li>✓ RGU – COLT, Barriers to Effective Partnership Working</li> </ul>
Respond to case reviews undertaken nationally that may have local implications	
<ul style="list-style-type: none"> <li>✓ MWC – JL</li> <li>✓ In Search of Accountability</li> </ul>	<ul style="list-style-type: none"> <li>✓ Orchid View</li> </ul>

