

Adult Support and Protection Action Plan

Service Delivery Outcome:
 1. Best Practice is supported by appropriate **policies and procedures** (note link to audit section for review)
Measured by:
Supports Intermediate Outcomes:
(A) Service Provision identifies and meets the adult support and protection needs of all adults at risk of harm in an equitable manner
(B) Service users receive high quality, timely and effective service
(C) Service led, managed and delivered efficiently
Underpinning Processes:
 Ensure EQIA of all aspects of policy development, dissemination and review
 Involve adults in need of ASP, their carers and their families in development of policies
 Ensure document control system in place and kept up to date (note link to audit section for review)
 Ensure circulation to all staff, including those in private and voluntary sectors
 Ongoing identification of relevant private and voluntary sector organisations and mechanisms in place to require and to monitor they have appropriate policies and procedures in place
 Documents made accessible to public

Action	Target	Timescale	Responsibility	Comments/Progress/BRAG status
1.1 Review procedures for appropriate use of Adult Support and Protection (Scotland) Act 2007, Adults with Incapacity (Scotland) Act 2000 and Mental Health (Care and Treatment)(Scotland) Act 2003, including the following: Referral (including to and from Care Commission, MWC); Assessment; Care Planning; Review; Transition from Child Protection systems and escalation of decision impasse and complaints.	Multi-agency policy and procedures in place and fit for purpose	September 2011	Karin Campbell and Delivery Group	G ↑Due to further feedback from practitioners procedures have been restructured. To Delivery Group 11/08/11.

<p>1.2 Agree process/responsibility/systems for updating and reissuing policies and procedures as required/necessary</p>	<p>Policies, procedures and processes are regularly reviewed and updated to ensure that they continue to be fit for purpose</p>	<p>Work to establish and embed processes to continue during 2011.</p>	<p>Karin Campbell and Delivery Group</p>	<p style="text-align: center;">G</p> <p>↑Inter-Agency Procedures enable regular revision and updating ↑Database tracks issue of hard copies ↑Delivery Group reviewed accuracy/clarity/ usefulness based on user feedback after initial 6 month period (Feb/Mar 2011) ↑ASP a key feature on Highland Community Care Partnership website www.fhcommunities.org ↑QA Group now meeting regularly to develop longer-term processes and arrangements for audit ↑Initial draft of CIR procedures complete. Further work sits with Safer Highland.</p>
<p>1.3 Reviews of the routine processes that underpin ASP practice are agreed and progressed, including:</p> <ul style="list-style-type: none"> • a review of the processes that apply to vulnerable young people in transition to adulthood in the context of two regulatory frameworks with different underlying principles 	<p>Processes are reviewed and updated to ensure that they continue to be fit for purpose</p>	<p>September 2011</p>	<p>Karin Campbell and Delivery Group</p>	<p style="text-align: center;">Work yet to commence</p>
<p>1.4 Ensure that private and voluntary sector bodies have appropriate ASP policies and procedures included in contracts .</p>	<p>All SLAs/ contracts properly reflect ASP requirements</p>	<p>March 2012</p>	<p>Karin Campbell and Contracts Manager</p>	<p style="text-align: center;">Work yet to commence</p>

1.5 Ensure that community groups funded by the Highland Council or using THC premises, including premises hired out by CLL as an arms length organisation, have ASP policies and procedures in place.	Update CLL guidance for community groups	June 2011	Pene Rowe	<p style="text-align: center;">A</p> <p>↓ Work delayed due to integration process.</p>
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Service Delivery Outcome:

2. To ensure that all staff involved in the care of adults at risk of harm are appropriately **trained** in adult protection

Supports Intermediate Outcomes:

(A) Service Provision identifies and meets the adult support and protection needs of all adults at risk of harm in an equitable manner

(B) Service users receive high quality, timely and effective service

(C) Service led, managed and delivered efficiently

Underpinning Processes:

Ensure data on who, what and how benefit can be fed into information systems

Ensure training requirements are built into contracts/Service Level Agreements with relevant voluntary organisations/private sector agencies and that into contracts/Service Level Agreement monitoring includes consideration of how they ensure their staff training requirements are being delivered

Action	Target	Timescale	Responsibility	Comments/Progress/BRAG status
2.1 Develop a project plan for training to <ul style="list-style-type: none"> Recruit and appoint a Training Officer to lead on staff development and training Identify who and how many staff in public sector agencies need training and at what level, ensuring that all training is inter-agency/multi-agency, that agencies are agreeable to releasing appropriate staff to be trained and that systems can feed back to 	To have in place effective plans and arrangements for staff development and training that ensure that staff have	September 2011	Karin Campbell and Training Sub-Group	<p style="text-align: center;">A</p> <p>→ Post advertised.</p>
		Complete by December 2011		<p style="text-align: center;">G</p> <p>↑ Further programme negotiated for Autumn 2011. ↑ Programme of training rolled out January-March 2011. Staff trained = 50 CO and 157 procedures. ↑ Initial 2010 training schedule</p>

<ul style="list-style-type: none"> Develop appropriate training programme (s) and identify who will deliver training, ensuring all options, including e-learning, are considered Resolve incomplete recording of information. Determine what training we require of voluntary and private sector staff Identify with what and how the public sector can support training in voluntary and private sectors Establish system to identify if learning outcomes from training have been met and thus monitor effectiveness of training Ensure feedback from voluntary and private sector is consistent within internal effectiveness monitoring 	<p>the relevant knowledge and skills to practise competently and confidently</p>			<p>implemented ↑System established to track attendance at training sessions; being maintained by SW Training Admin</p>
		TBA	Margaret Laird	<p>A → Training Strategy elements identified by training sub-group. To be developed taking into account wider Safer Highland arrangements</p> <p>→Need for additional specialist/targeted training has been highlighted including certificate-level course, joint interviewing</p>
		TBA	Training Officer with EDP staff	<p>G ↑ Ongoing - improving</p> <p>Work yet to commence</p>
		TBA	Training Officer with Training Sub-Group	<p>G ↑Evaluations of training sessions reported to May ASPC.</p> <p>R↓ Planned follow up of representative sample after six months (now overdue - November 2010)</p>

<ul style="list-style-type: none"> • Ensure system of recording information on who is trained in what and when is in place and kept updated 			Training Officer with Training Sub-Group	<p style="text-align: center;">G</p> <p>↑ System for recording attendance at HASPC training courses in place.</p>
2.2 Implement rolling programme of training for practitioners, managers and carers, as key partners	Training programme is in place	December 2011	Karin Campbell and Training Sub-Group	<p style="text-align: center;">G</p> <p>↑Initial 2010 Training Schedule was implemented, attendance as follows: Awareness – 272 Council Officer – 55 Procedures – 155 ↑Short programme of Council Officer and Procedures training was rolled out January-March 2011 (see 2.1 above) ↑Current carers' training being reviewed with potential for separate module on ASP for carers being considered</p>

Service Delivery Outcome:

3. To ensure that comprehensive **information** concerning suspected or actual harm is collected, shared and analysed, and used to protect adults from harm.

Supports Intermediate Outcomes:

(A) Service Provision identifies and meets the adult support and protection needs of all adults at risk of harm in an equitable manner

(B) Service users receive high quality, timely and effective service

(C) Service led, managed and delivered efficiently

(D) Public awareness of Adult Support and Protection is raised

Underpinning Processes:

Ensure regular liaison with Scottish Government to ensure national requirements for information are met

Ensure standardisation/compatibility of information gathered across all relevant agencies (including private and voluntary sector agencies)

Ensure benchmarking against other comparable local authority areas (Argyll & Bute, Angus, Dumfries & Galloway, Scottish Borders and S. Ayrshire)

Ensure that service providers and employees in partner agencies have a high level of awareness of adult protection issues.

Ensure appropriate linkages between this work and that on training and on audit are made

Ensure analysis and interpretation of information

Action	Target	Timescale	Responsibility	Comments/Progress/BRAG status
3.1 Establish what data is required to meet the needs of case management and of performance management and with what frequency performance management information is required	Have accurate and accessible information that allows questioning and	Dependent on agreement of National dataset	Ian Gibson	<p style="text-align: center;">G</p> <p>↑Local arrangements complete. Note: Being kept under review by Chairs and by QA Group</p>
3.2 Be able to identify throughput and record increases to numbers of referrals	interrogation to facilitate interpretation.		Karin Campbell	<p style="text-align: center;">A</p> <p>→Further improvements noted but continued scrutiny/monitoring required</p>

3.3 Develop systems for capturing required data and for collation of it, using IT systems wherever possible	Have the ability to compare information across agencies	Ongoing	Margaret Laird Lead Officers of Partner Agencies	<p style="text-align: center;">A</p> <p>→ New working practices introduced; work instruction issued with follow up guidance and training; workshop for community care managers on 8 December; small group has reviewed and undertaken work to further simplify processes</p> <p>↑ Information shared with other partnerships at point when Biennial Report submitted (October 2010)</p> <p>↑ Risk Assessment and Protection Plan agreed by Delivery Group; now accessible through CareFirst and intranet</p>
3.4 Implement systems for information/data capture		Ongoing		
3.5 Develop and implement system to ensure that information on individuals is accurate, up to date and accessible to all who need to access it, whilst ensuring data protection measures are in place		Ongoing		
3.6 Ensure processes are being used accurately and consistently		Ongoing with Audit planned September 2011	Karin Campbell Margaret Laird Lead Officers of Partner Agencies	<p style="text-align: center;">A</p> <p>→ Reports obtained between July and October - compliance being closely monitored</p> <p>→ Remedial work undertaken to improve performance (see 3.5, 3.6)</p> <p>→ Performance continues to be closely monitored</p>
3.7 Agree performance reporting, management and scrutiny data required at each level in Adult Support and Protection 'system' and ensure its timely and accurate provision		Ongoing review	Ian Gibson Karin Campbell Quality Assurance Group	<p style="text-align: center;">G</p> <p>↑ Whilst there is clarity about what is looked for, there is an issue in relation to reliability of information in the system (see above)</p> <p>↑ Cosla/Scottish Govt survey completed on time</p> <p>↑ Biennial report submitted on time</p>

Service Delivery Outcome:
 4. A programme of **public awareness raising** work is delivered

Supports Intermediate Outcomes:
 (A) Service Provision identifies and meets the adult support and protection needs of all adults at risk in an equitable manner
 (D) Public awareness of Adult Support and Protection is raised

Underpinning Processes:
 Ensure that Adult Support and Protection awareness raising is integrated with/complements other Safer Highland public protection initiatives
 Ensure that variety of media considered – paper, web, radio, press
 Consider which elements to be targeted and which to be non-targeted and consider focus on where we might find most ‘concentrated’ groups of adults who may be at risk of harm
 Work closely with stakeholder groups in community

Action	Target	Timescale	Responsibility	Comments/Progress/BRAG status
4.1 Determine baseline of awareness in both wider public and within agencies by commissioning a survey, and track public awareness against original national campaign baseline.	Ensure that there is a level of awareness of adult support and protection within local communities	April 2011	Karin Campbell Pene Rowe	B ↑Report presented to ASPC May 2011.
4.2 Review and revise the communications strategy for ASP, including communication goals, methods and measures of success, ensuring that all measures are costed, EQIA undertaken, budgets available, timescales set and responsibility allocated	Ensure that there is a level of awareness of adult support and protection within local communities	September 2011	Karin Campbell Pene Rowe	A →Communications strategy to be reviewed in light of survey results and budget. G ↑ASP a key feature on Highland Community Care Partnership website www.fhcommunities.org ↑Maximum use needs to be made of existing community structures and

				networks ↑Council Press Officer assigned to ASP and advice sought
4.3 Implement communications strategy locally to complement national programme of awareness raising		Follows on from the above	Pene Rowe	G ↑See above ↑ Participation in National tv campaign will be complemented by press advertising, etc. ↑Need to ensure that materials written for specific audiences including carers in easily understood jargon-free language
4.4 Agree cycle/methods of testing rates of awareness in both wider public and within agencies e.g. via Council surveys		Follows on from above	Pene Rowe	G ↑Initial discussions held as part of wider communications strategy development ↑Current methods of community engagement being mapped to identify opportunities for information gathering. Agreement reached with THC re questions for inclusion in next survey and initial discussions held with Northern Constabulary.

Service Delivery Outcome:

5. To ensure robust and consistent **leadership, management and delivery** across and through partner agencies

Supports Intermediate Outcomes:

(A) Service Provision identifies and meets the adult support and protection needs of all adults at risk of harm in an equitable manner

(B) Service users receive high quality, timely and effective service

(C) Service led, managed and delivered efficiently

(D) Public awareness of Adult Support and Protection is raised

Underpinning Processes:

Ensure the specific responsibilities of Safer Highland Leadership Group, the Adult Support and Protection Committee and the Delivery Group are clear, priorities established and implementation monitored

Public agencies focus on the right things, clear objectives set, milestones monitored and achievements recorded

Interagency co-operation is modelled by leadership behaviours

The work of the lead officers of the partnership agencies is directed and supported

The Committee and Delivery Group have appropriate membership, experience, training and leadership

Action	Target	Timescale	Responsibility	Comments/Progress/BRAG status
5.1 Ensure appropriate framework for ASP in place, including governance for all aspects	An effective ASP Framework	Ongoing	Ian Gibson Karin Campbell SHLG	<p style="text-align: center;">G</p> <p>↑In place but requiring regular review to ensure fitness for purpose</p>
5.2 Appropriate staffing levels identified, staff recruited and budgets agreed	Resources in place to support implementation of framework	September 2011	Ian Gibson Karin Campbell	<p style="text-align: center;">G</p> <p>↑Dedicated ASP posts appointed to include: Resource Manager (ASP); Review Team Manager, 2 Review Officers; forensic MHO. Still a requirement to fill dedicated MHO posts.</p> <p style="text-align: center;">A</p> <p>→Recruitment of Training Officer and clerical support underway.</p>

Action	Target	Timescale	Responsibility	Comments/Progress/BRAG status
5.3 Conduct Audit to ensure that public sector employees with ASP responsibilities have these recorded in their objectives/workplans, personal development plans and appraisal systems as appropriate	ASP is a key function and staff have necessary resource to fulfil ASP functions All staff are trained to fulfil ASP functions	Audit by September 2011 December 2011	QuAG with Agency Leads Employers	G ↑There is now greater clarity as to how responsibilities are articulated for staff in each of the agencies in that they are inherent in care and health staff's job specifications, contracts of employment, work plan and personal development plans in that they have a duty to implement legislation and policy. All police officers have a duty to implement legislation.
5.4 Identify and resolve any issues relating to boundaries of responsibility for public agencies	Issues are resolved speedily	Ongoing	Karin Campbell	G ↑Dialogues established and good co-operation from partner agencies. No cases identified as yet.
5.5 Establish a mechanism for ensuring that Independent Practitioners (including General Practitioners) are fully integrated into ASP arrangements	Full engagement by Independent Practitioners in ASP	By end December 2011	HASPC NHS Rep Karin Campbell	A → ASPC participating in Consultation on GP involvement. →A briefing has been provided for GPs' newsletter. However, there are ongoing concerns about lack of engagement of GPs
5.6 Ensure that voluntary and private sectors are included in the work of the Committee and the Delivery Group Review appropriate membership in light of changing roles of some local bodies	Voluntary and private sector representation of on Committee and Delivery Group	Ongoing	Karin Campbell	G ↑Current membership of both groups reflects representation from both sectors. Note: it is considered important that the representatives on the Delivery Group act as effective leaders/ambassadors for the sector and take responsibility to ensure essential information is rolled out and there is appropriate understanding and ownership

5.7 Ensure that carers' needs are taken account of by establishing mechanisms for input and feedback	Carers feel supported and enabled to protect individuals from harm	December 2011	Pene Rowe	<p style="text-align: center;">G</p> <p>↑Training has been rolled out across Highland for staff about the importance of the carer role and need to provide appropriate supports</p>
5.8 A system is in place to ensure learning and sharing of good practice, both locally and nationally	Good practice disseminated.	Ongoing	Pene Rowe	<p style="text-align: center;">G</p> <p>↑Highland Community Care Partnership website www.fhcommunities.org being further developed to enable dissemination of good practice, etc</p> <p>↑Active promotion of www.skss.org and other information and data resources</p> <p>↑Regular attendance at national events and dissemination of information and learning</p> <p>↑Biennial report used to publicise local good practice</p>

Service Delivery Outcome:

6. To have a system of **audit and quality assurance in place** across all aspects of Adult Support and Protection work.

Supports Intermediate Outcomes:

(A) Service Provision identifies and meets the adult support and protection needs of all adults at risk of harm in an equitable manner

(B) Service users receive high quality, timely and effective service

(C) Service led, managed and delivered efficiently

Underpinning Processes:

Use both internal and external audit to contribute to assessment of performance

Identify any opportunities for harmonising audit with other Safer Highland programmes

Ensure the required biennial report gives clear information of the progress made and the challenges that lie ahead

Work yet to commence

Action	Target	Timescale	Responsibility	Comments/Progress/BRAG status
6.1 Establish criteria, procedures and pathways for critical incident review	Robust arrangements in place.	August 2011	Kenny Anderson	G ↑Agreed to use arrangements for MH in the short-term ↑Draft procedure prepared in accordance with timescales ↑Now looking at consistent Safer Highland approach
6.2 Review complaints relating to ASP to ensure that they were recorded, properly dealt with and that lessons learned from them were disseminated	Complaints are dealt with promptly and satisfactorily	April 2012	QuAG	A → Analysis of SWS complaints under way.
6.3 Benchmark regularly against other Council areas and implement appropriate changes as a result	Highland's performance is compared appropriately to other areas	June 2011	Ian Gibson	A →Work underway at national level. Chair's group pressing Scottish Government to ensure regular comparison of data. Proposed item for later meeting of ASP Committee

6.4 Review policies and procedures and compliance with recording protocols regularly using audit methodology	Policies and processes remain fit for purpose	First review of P&P February 2011 Audit of compliance September 2011	Ian Gibson Karin Campbell Pene Rowe Maragret Laird with QuAG	G ↑Initial review undertaken and draft update to go to April Delivery Group Meeting for sign off at May ASPC. ↑On target; to be overseen by QA Group
6.5 Implement QuARO system for quality assurance of case conferences and reviews		Start process May 2010 with a view to having group fully established by November	Karin Campbell Pene Rowe	G ↑QA Group now established and Information sharing protocol agreed with Caldicott Guardian ↑Two members of Committee contributed to Community Care Performance Framework Workshop on 9 August 2010
6.6 Develop quality assurance mechanisms to enable self-evaluation of practice and support continuous improvement	Range of effective quality assurance processes in place	July 2011 Slippage due to THC timetabling of PSIF	Karin Campbell Pene Rowe	↑PSIF mapped to national ASP pilot framework, to be undertaken August – October 2011
6.7 Develop and implement system to evaluate ASP outcomes from perspective of adults at risk and carers involved	Outcomes for individuals are known and inform programme of continuous improvement	April 2012	Ian Gibson Karin Campbell	↑Considerations to include how best to engage with the various stakeholder groups, including service users; measuring effectiveness, etc. will inform initial paper to Committee

Service Delivery Outcome:
 7. **Adults at risk are empowered** to protect themselves.
Supports Intermediate Outcomes:
 (A) Service Provision identifies and meets the adult support and protection needs of all adults at risk of harm in an equitable manner
 (B) Service users receive high quality, timely and effective service
 (D) Public awareness of ASP is raised
Underpinning Processes:
 Involve adults in need of ASP, their carers and their families in development of policies
 Ensure that Adult Support and Protection awareness raising is integrated with/complements other Safer Highland public protection initiatives
 Work closely with stakeholder groups in the community
 Work closely with individuals in the community

Action	Target	Timescale	Responsibility	Comments/Progress/BRAG status
7.1 A specific exercise is undertaken to ensure that there are in place processes and support systems that actively encourage empowerment of individuals	Individuals are better able to protect themselves from harm	December 2011	Pene Rowe and stakeholders Karin Campbell	A →Mapping of mechanisms for stakeholder engagement underway. →ASP elements included in SDS contracts and risk assessment
7.2 Managers of resources and teams including Review Team ensure locally that staff are working with individuals in such a way that encourages empowerment	Individuals' Care Plans and Protection Plans should reflect consideration of this	December 2011	Agency Lead Officers	G ↑Covered in procedures sessions for staff ↑Discussions scheduled for unit/resource managers meetings over the summer ↑Reflected in Transformational Change Programme; Workshops run as part of Transformational Change Roadshows ↑Reflected in SDS Roadshows March 2011
7.3 Ensure contracts with service	Advocacy Plan	tbc	Agency leads	G

providers reflect advocacy arrangements for different groups of adults at risk.	and new Service Level Agreements reflect the needs of adults at risk			↑ Advocacy arrangements reviewed.
7.4 Specific activity and supporting materials are developed to ensure effective engagement with people with special needs or considered "hard to reach"	People with special needs or considered "hard to reach" feeling included and communicated with	December 2011	Karin Campbell and Delivery Group	G ↑Currently reviewing materials produced by other local authorities and ASPCs