JOINT INSPECTION OF **ADULT SUPPORT AND PROTECTION**

Dundee Partnership December 2023

Contents

Joint inspection of adult support and protection in the Dundee partnership

Joint inspection partners

Scottish Ministers requested that the Care Inspectorate lead a second phase of joint inspection and development of adult support and protection in collaboration with Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland.

Phase two

This programme follows our phase one inspections. We published an overview report which summarised the findings and key themes identified. Phase two is closely linked to the Scottish Government's improvement plan for adult support and protection, and the national implementation groups which support it.

The joint inspection focus

Phase two joint inspections aim to provide national assurance about individual local partnership[1] areas' effective operations of adult support and protection key processes, and leadership for adult support and protection. We also offer a summary of the partnerships' progress since their inspection in 2017.

Updated codes of practice were published in July 2022. In recognition that adult protection partnerships were at different stages of embedding these, we issued a single question survey to all partnerships in Scotland. This asked respondents to describe their approach to inquiry and investigation work and outline the role of council officers. Twenty-two partnerships responded, and findings showed that practice and adoption across Scotland is variable, with most areas having work to do in this respect. The Dundee partnership indicated it had not yet fully adopted the codes of practice.

The focus of this inspection was on whether adults at risk of harm in the Dundee partnership area were safe, protected and supported.

The joint inspection of the Dundee partnership took place between August 2023 and November 2023. We scrutinised the records of adults at risk of harm for the preceding two-year period, from August 2021 to August 2023.

1 https://www.careinspectorate.com/images/Adult_Support_and_Protection/1._Definition_of_adult_protection_partnership.pdf

Quality indicators

Our quality indicators[2] for these joint inspections are on the Care Inspectorate's website.

Progress statements

To provide Scottish Ministers with timely high-level information, this joint inspection report includes a statement about the partnership's progress in relation to our two key questions.

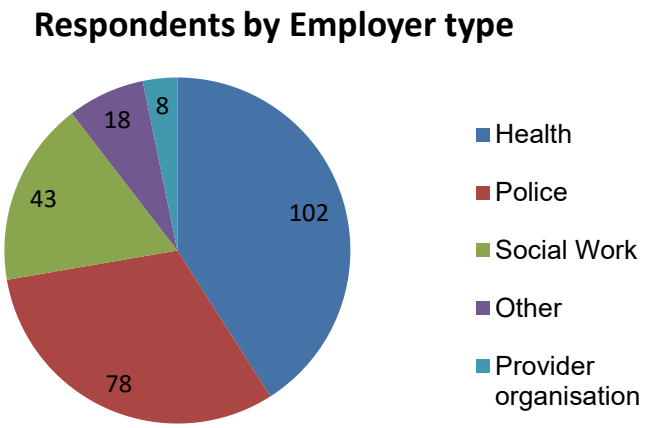
- How good were the partnership's key processes for adult support and protection?
- How good was the partnership's strategic leadership for adult support and protection?

Joint inspection methodology

In line with the targeted nature of our inspection programme, the methodology for this inspection included five proportionate scrutiny activities.

The analysis of supporting documentary evidence and a position statement submitted by the partnership.

Staff survey. Two hundred and forty-nine staff from across the partnership responded to our adult support and protection staff survey. This was issued to a range of health, police, social work and third sector provider organisations. It sought staff views on adult support and protection outcomes for adults at risk of harm, key processes, staff support and training and strategic leadership. The survey was structured to take account of the fact that some staff have more regular and intensive involvement in adult support and protection work than others.



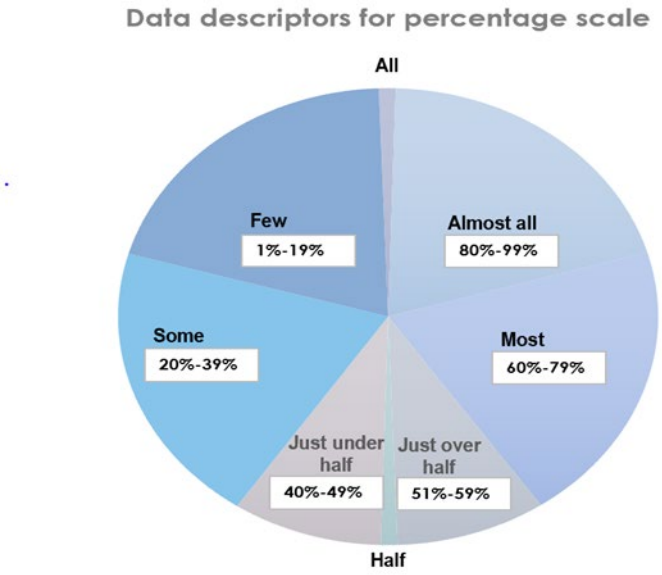
2 https://www.careinspectorate.com/images/documents/5548/Adult%20support%20and%20protection%20quality%20indicator%20framework.pdf

The scrutiny of social work records of adults at risk of harm. This involved the records of 39 adults at risk of harm who did not require any further adult support and protection intervention beyond the initial inquiry stage.

The scrutiny of the health, police, and social work records of adults of risk of harm. This involved the records of 50 adults at risk of harm for whom inquiries have used investigative powers under sections seven to ten of the 2007 Act. This included cases where adult support and protection activity proceeded beyond the inquiry with investigative powers stage.

Staff focus groups. We carried out three focus groups and met with 35 members of staff from across the partnership to discuss adult support and protection practice and adults at risk of harm.

Standard terms for percentage ranges



Summary – strengths and priority areas for improvement

Strengths

- Initial inquiries were progressed within timescales to meet the needs of adults at risk. Investigatory powers were almost always undertaken or overseen by a council officer indicating a strong alignment with the refreshed adult support and protection code of practice.

- Multi-agency adult support and protection case conferences were well attended meetings where partner agencies worked collectively to support and protect adults at risk of harm.

- Review case conferences were held for almost all adults at risk who required them. The partnership effectively used core groups to review risk and update protection plans.

- The dedicated NHS Tayside adult support and protection team was a valued resource for staff across partner agencies.

- Strategic leaders were committed to including the voice and experience of adults in strategic planning and development. The voice of lived experience was evident on the adult protection committee. A collaboration of local and national partners was strengthening this commitment more widely across strategic groups.

- Strategic leaders had a shared and collaborative vision. This included innovative and ambitious strategic plans to meet the complex needs and vulnerability of adults at risk of harm in Dundee. A protecting people approach had been adopted.

Priority areas for improvement

- The partnership needed to improve the consistent application and quality of investigation, chronology and risk assessment templates.

- Adult support and protection guidance and procedures should be updated as a matter of priority.

- Quality assurance, self-evaluation and audit activities were embedded but to varying degrees, particularly across social work services. These captured areas for improvement but the approaches were inconsistent. Greater cohesion and strategic oversight were needed to ensure the necessary change and improvement.

- The partnership's adult support and protection lead officer and support team should ensure they remain sighted on the quality of practice and prioritises the necessary improvements, including adherence to guidance, under its new public protection arrangements.

- The pace of strategic change and improvement needed accelerated. The partnership was aware through joint inspection in 2017 that improvement was required across key areas of practice and strategic leadership. Their own audit activity had reached similar conclusions, but progress was limited in key areas.

- The partnership should ensure that strategic planning and implementation of new initiatives across key processes and strategic leadership are well resourced, sustainable and impact assessed.

How good were the partnership's key processes to keep adults at risk of harm safe, protected and supported?

Key messages

- Initial inquiries, including those with investigatory powers, were of a good quality and took place within a timescale which met the needs of adults at risk.
- Council officers were deployed almost every time there was an inquiry using investigative powers.
- The quality of multi-agency adult support and protection case conferences was high. They were well attended and timely. There was evidence of effective multi-agency decision-making and protection planning that supported and protected adults at risk of harm.
- Adult support and protection review case conferences effectively oversaw protection plans.
- The dedicated NHS adult support and protection team had strengthened health's frontline contribution to adult support and protection work.
- When an interagency referral discussion involving key partners took place, there was effective decision making. However, they were not undertaken in accordance with local procedures.
- Competent adult support and protection chronology, risk assessment and investigation templates were in place, but the quality of work completed was mixed. The partnership relied on routinely held case conferences to consolidate this work. The council officer's rationale to proceed to case conference and the voice of lived experience was difficult to determine.
- Screening, triage, and early planning arrangements were not joined up. This meant opportunities to strengthen a shared understanding of adult support and protection thresholds was missed.

We concluded the partnership's key processes for adult support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

Screening and triaging of adult protection concerns.

The Dundee partnership's adult support and protection referrals were initially recorded on the social work IT system, before being screened by a duty manager. Where the case was already open it was passed to the relevant team. Where the adult was unknown to social work the referral was passed to the first contact team for further screening. The number of referrals had increased significantly over the last few years with the proportion of referrals from Police Scotland being well above the national average. This reflected, in part, the case complexity and levels of vulnerability the partnership faced.

Overall, almost all adult support and protection referrals, did not proceed beyond the screening stage into adult support and protection processes. These referrals were routed into other supports such as care management Just over half of adults at risk of harm already received support through services by which the partnership viewed risk was being managed.

The partnership acknowledged there was not a shared understanding of thresholds for adult support and protection progressing beyond screening to initial inquiries. The multi-agency screening hub (MASH) had been piloted briefly, then paused due to lack of staff resources and a high volume of referrals. The impact and value of this approach was therefore unclear.

The partnership's approach and deployment of these well-intentioned access arrangements needed strengthened. Timescales for screening took too long. Planned consultation was designed to review these issues. This included a referral pathway redesign.

Initial inquiries into concerns about adults at risk of harm

Almost all adult support and protection initial inquiries were completed in line with the principles of the legislation and were competently carried out. The partnership did not have timescales for completion of initial inquiries in their current guidance, but we were assured they were embedded in the revised version out for consultation. Most were completed in line with the needs of adults at risk. In the few cases where there were delays, a small number were lengthy.

There was a template on the social work recording system for recording initial inquiry activity which included a section on application of the three-point criteria. This supported staff to clearly record consideration of the three-point criteria which they did, almost all the time. Importantly, the criteria was consistently applied.

There was good evidence of positive multi-agency input, and management oversight was evident in almost all cases. This meant that adult support and protection inquiries advanced to the correct stage in almost all cases.

Most initial inquiries included investigative powers such as visiting the adult at risk of harm, conducting interviews in person or over the phone and examining records. Almost all initial inquiries including those with investigatory powers, were conducted or overseen by a council officer.

Interagency referral discussions

The partnership's guidance showed interagency referral discussions (IRDs) were an integral part of the Dundee partnership's local adult support and protection procedures. Despite this, they were not routinely carried out. More positively, the few IRDs convened were mostly in person and made pertinent decisions about the adult. Most were face to face with the wide range of staff attending reflected in the minutes that often resembled case conferences.

The procedures clearly stated that the purpose of an IRD was firstly to determine if formal adult support and protection procedures were required and secondly to agree how an investigation would be conducted. While interagency referral discussions were appropriately held at the initial inquiry stage, disappointingly their primary focus was on whether adults at risk met the three-point criteria. They were not routinely utilised by statutory partners to agree if investigations were required.

Adults at risk of harm would benefit from a clear, well deployed IRD process focussed on early shared risk identification and mitigation, decision making in relation to the need and plans for investigations. The partnership had the opportunity to better embed IRD and investigation practice through the refreshed local procedures they planned to issue, aligned to the learning and development training plan.

Inquiries including the use of investigatory powers

Chronologies

Chronologies are an important tool for assessing and managing risk. The partnership did not have a specific adult support and protection chronology template. This was similar to the findings of the joint 2017 inspection although the partnership had made some progress. Comprehensive guidance had been issued to partnership staff in April 2022. A generic health and social care chronology template was introduced in June 2022. Whilst this offered the opportunity for staff to record adult support and protection related events, it was not possible to filter it for these. Just under half of adults at risk of harm had a chronology in their record. The quality of these was weak or unsatisfactory in just under half of these records. The chronologies lacked sufficient detail and analysis. Staff lacked confidence in determining significant events and said completing chronologies was time-consuming, which the partnership already recognised.

Risk assessments

The partnership had a well-designed risk assessment template for use at both the initial inquiry and investigation stages. Completion of the template was mostly timely and nearly all reflected multi-agency views. However, their use was typically restricted to the initial inquiry stage. Use of the risk assessment template was less frequent as adults at risk of harm progressed through the protection process. This was a missed opportunity to build and strengthen the impact of protection measures. While almost all adults at risk of harm had a risk assessment in their record, the quality in just under half was weak or unsatisfactory. They were sparse and lacked clear analysis. The social work IT system did not allow workers to progress to case conference without completion of the risk assessment template. This was a sound measure but because full use of risk assessments tailed off as work progressed, case conferences were routinely presented with minimal documentation.

Investigations

The partnership had a distinct adult support and protection template to record investigations. This was a mandatory electronic form that needed completed before moving to case conference. Where investigations were conducted, relevant parties participated in almost all cases, and consistently determined whether the adult was at risk of harm. Almost all were completed in a timeframe that met the needs of the adult at risk. Clear timescales were set out in the partnership's refreshed guidance being consulted on.

The quality of investigations was mixed, with just under half good or better and a few weak or unsatisfactory. When completed the template was often sparse or had information which had been lifted from the initial inquiry template or interagency referral discussions. This undermined the quality of the investigation work and made it difficult to see how decisions were made about progressing to case conference. Consequently, we found that some cases progressing to case conference did not include a competent adult support and protection investigation.

The interface and practice around adult support and protection including initial inquiries, investigations, interagency referral discussions and case conferences was unclear. These processes converged and were regularly used to identify risk and communicate with key partners, instead of investigations. Some cases moved directly from initial inquiry to case conference without a thorough investigation. There was minimal evidence of recordings of investigative interviews. Crucially, the role of council officer in this important area of work was not as transparent as it should have been.

Adult protection initial case conferences

Nearly every case progressing to investigation and beyond went to initial adult support and protection case conference. Almost all were convened without delay and undertaken to a high quality. All relevant agencies were invited to case conferences and mostly attended. Protection orders were required in a small number of cases and were effective. Case conference minutes were of a high standard. They evidenced well-structured meetings and clearly identified risks. Minutes were shared and evident in police, social work, and health records thus consolidating good practice in this area of work.

This process of frequently convened initial case conferences and a robust level of chairing was essential and compensated for the lack of coherent inquiry and investigation processes. Chairs analysed all the required information effectively but there was an over reliance on this. Despite the lack of investigation information, including comprehensive risk assessments and chronologies, they commendably determined what needed to be done. This ensured adults at risk of harm were safe, protected, and supported.

Most adults at risk of harm were not invited to their own case conference and the reasons for this were consistently not recorded in case conference minutes. Of those adults invited to attend, just over half did so, and all those adults were supported to participate. Where there was an unpaid carer, just over half were invited and almost all attended. Invitation to, and attendance at, case conferences was an area of improvement identified in the recently approved adult protection delivery plan.

Adult protection plans / risk management plans

The partnership had an electronic protection plan template, but it was not widely used. Protection planning was routinely captured in the comprehensive minutes of meetings and clearly identified the contributions of multi-agency partners.

The quality of other forms of risk management plans used in the inquiry or investigation stages was mixed, with half being good or better and weak or unsatisfactory in a significant few. For the small number with no risk management plan in place who did not progress to initial adult support and protection case conference, it was difficult to determine how the risks were managed. This meant that potentially, a few adults remained at risk of harm. Protection plans were not present in police and health records indicating more could be done to share critical information.

Adult protection review case conferences

Adult protection review case conferences were convened for almost all adults at risk of harm who required one. The protection plan template was consistently applied at this stage. This assisted the partnership to effectively determine actions to keep the adult at risk of harm safe and supported.

Implementation / effectiveness of adult protection plans

The partnership utilised core groups to review and update protection plans. Adults at risk of harm who had protection plans experienced improvements in their safety and wellbeing. For almost all adults the partnership had made efforts to support the involvement of the adult in the adult support and protection process. Most staff survey respondents considered the partnership to have made a positive difference to adults at risk of harm through adult support and protection interventions. This impact was most positively seen at case conference and where core groups regularly reviewed protection plans.

Large-scale investigations

The partnership had conducted eleven large-scale investigations since 2021; two were on-going. The investigations mainly related to support and protection of adults at risk living in care homes. Large-scale investigations were carried out effectively in accordance with 'Dundee City interagency procedures for large-scale investigations of adults at risk in managed care settings'. These procedures required to be updated to reflect the revised code of practice. Large-scale investigations were carried out within appropriate timescales, with good multi-agency participation and with positive impact for adults at risk of harm.

Collaborative working to keep adults at risk of harm safe, protected and supported.

Overall effectiveness of collaborative working

The partnership had adopted the Tayside Multi-agency Adult Support and Protection Protocol 2019, which included reference to the national care standards. This protocol complemented the local adult support and protection procedures which had been updated in 2020 to include guidance in relation to the Covid -19 pandemic. The local procedures were in the process of being refreshed at the time of the inspection. The partnership planned to embed the revised Scottish Government adult support and protection code of practice in the updated local procedures.

Despite sound procedures, collaborative working in the partnership was variable. Staff commented on the absence of engagement of general practitioners (GPs) in adult support and protection processes. This was also evident through record reading. Lack of engagement of GPs was an important gap in supporting and protecting adults at risk. National adult support and protection guidance for GPs (July 2022) noted that a collaborative approach was vital. More needed done to encourage a closer working relationship.

The partnership had clear strengths in collaborative working including interagency referral discussions (IRDs) and case conferences. Police and health attended almost all IRDs carried out at the investigation stage, and most case conferences. It was clear from case conference minutes that agencies collaborated to support and protect adults at risk.

Health involvement in adult support and protection

NHS Tayside had invested in dedicated health roles to support an integrated approach to adult support and protection. They provided a single point of contact for advice and guidance to social work and police colleagues. For health colleagues, they delivered relevant training and provided advice on all aspects of adult support and protection. Most health staff said they received the right level of mandatory adult support and protection training. Care home liaison, general and mental health nurses, alongside social work colleagues, had a key role in identifying care home residents who were at risk of harm and provided staff with additional support to safeguard adults at risk of harm within care homes.

Health staff consistently contributed to the support and protection of adults in Dundee. Almost all health staff fully understood their role and what to do when they had concerns about an adult at risk of harm. They were confident about appropriately escalating matters relating to adult support and protection. Most health staff were confident about applying the three-point criteria. Almost all health staff were supported to work collaboratively and achieve positive outcomes for adults at risk of harm.

Collaborative working was evident in attendance at interagency referral discussions and case conferences. The NHS Tayside adult support and protection team were working to embed arrangements to make sure the most appropriate health professional attended meetings by requesting that all meeting invitations be routed via their team. This would support improvements in multi-agency risk assessment and protection planning, as well as improve consistency and oversight.

Adult support and protection referrals from health were low. When health professionals made referrals to social work, there was mostly no evidence of feedback to them about the outcome of the referral. Health staff said this led to some staff being unsure about thresholds for an adult support and protection referral.

Health contributed strongly to the strategic leadership and delivery of adult support and protection. This was reflected in the positive contribution health professionals made to improved safety and protection outcomes for adults at risk of harm. The intervention from the appropriate health team to keep adults at risk of harm safe and protected was mostly good or better.

Capacity and assessment of capacity

Just under half of adults at risk of harm records read required a capacity assessment by a health professional. These were almost always requested by social work staff. Those requested were timely, reflecting positive practice. In most cases when a request was made a suitable health professional conducted the required assessment timeously, but some were not. Timely completion of capacity assessments underpinned by an understanding of their importance for decision-making in adult support and protection work required improvement. Non-completion and delays risked impacting the ability of professionals to support and protect adults at risk of harm.

Police involvement in adult support and protection

Contacts made to the police about adults at risk were almost always effectively assessed by control room staff for threat, harm, risk, investigative potential, vulnerabilities, and engagement required (THRIVE). Just over half the cases had an accurate STORM Disposal Code (record of incident type). Opportunities remained for improved consistency in the closure accuracy of STORM disposal codes.

In almost all cases initial attending officers' actions were evaluated as good or better, with meaningful interventions delivered in support of adults at risk of harm. There was evidence of effective practice and relevant contribution to multi-agency responding. Officer assessment of risk of harm, vulnerability and wellbeing was accurate and informed in almost all cases. The wishes and feelings of the adult were almost always appropriately considered and properly recorded.

Where adult concerns were referred, officers did so promptly on almost all occasions, using the interim vulnerable persons database (iVPD). Frontline supervisory input was evident in almost all cases, although not always meaningful and relevant.

The divisional concern hub shared initial protection concerns with social work in a timely and efficient manner, with the actions/records of the hub staff good or better in most cases. Almost all cases showed a resilience matrix and most had a relevant narrative of police concerns, although the quality was at times variable. Effective use was made of iVPD chronologies, with evidence of the inclusion of appropriate additional information aiding case management. We viewed this as a good practice.

The point at which the escalation protocol was initiated (following repeat police involvement) was consistent and in line with national practice. What was less apparent was consideration of subsequent alternative interventions in responding to the needs of the adult, and where appropriate minimising continuing police involvement for instance, recorded single or multi-agency response plan to inform THRIVE assessment and policing response. Greater evidence of strategic input from local area police command may have been expected, particularly in more complex and repeat adult support and protection events.

We also noted a recurring theme where local response officers were routinely deployed to conduct welfare checks and other supportive interventions for adults who were subject to adult support and protection arrangements. This included adults who had failed to attend appointments with partner agencies and requests for transportation. In these circumstances it was not always clear that the police were the appropriate agency to discharge these functions, particularly during daytime hours.

Interagency referral discussions (IRD) were a feature in just under half the cases where there was police involvement. Officer contribution was good or better on almost all occasions; however, police were not invited to all IRDs where their involvement may have been expected. Opportunities remained for the core participants to consider the remit, structure, and outcomes of these discussions to ensure that this shared commitment consistently enhanced the response to adult support and protection.

Police were invited to, and attended almost all, case conferences. Officer contribution to case conference was almost always good or better.

Third sector and independent sector provider involvement

Almost all adults at risk of harm who needed additional support from provider services got it. For most adults this support was comprehensive, effective, and met the adult's personal outcomes.

The third and independent sector were considered as key partners in protection work. There was evidence of attendance and participation in shared decision making at case conferences. Providers were clear about their role in adult support and protection, including how to escalate matters of concern, and where to get advice.

They were less positive about their participation in regular, local multi-agency training and development opportunities around adults at risk of harm.

Key adult support and protection practices

Information sharing

Almost all adults at risk of harm benefitted from partners sharing information. Council officers, police, and health all shared information effectively and appropriately to support and protect adults at risk of harm. Information sharing was particularly effective at interagency referral discussions, case conference and review case conference. Less so at the initial referral stage. Just over half of staff survey respondents said there was timely feedback from social work on action taken after referral.

Management oversight and governance

Recording was in keeping with the needs of adults at risk most of the time. Most records evidenced that line managers had periodically read the records, but some social work records did not. Overall, this lack of governance allowed for some important gaps in relation to investigations, risk assessments and protection plans to go unaddressed. While the partnership had established templates for these, operational managers needed to ensure that social work staff completed them more consistently and competently.

There was evidence of governance in almost all police records. Evidence of exercise of governance was less apparent in health records. This was not necessarily a deficit due to the type of health records scrutinised.

Involvement and support for adults at risk of harm

Almost all adults at risk of harm received support across their adult support and protection journey. The quality of most support was good or better with most staff agreeing that adults at risk of harm were supported to participate meaningfully in decisions affecting their lives.

That said, adults at risk did not routinely receive invitations to attend their own case conferences, and, when relevant, neither did their unpaid carers. This is crucial in terms of getting their lived experience perspective. Just over half of unpaid carers were invited to attend case conferences. Sometimes adults at risk experienced case conferences as overwhelming. The partnership was already sighted on this issue and were aiming to strengthen practice in this area through collaboration work with national and local partners on the authentic voice project. This was embedded in the partnership's adult support and protection committee delivery plan.

Independent advocacy

The partnership offered independent advocacy to just over half of adults at risk of harm who would have benefitted from it. In some cases, it should have been offered but was not. This finding was also an area for improvement following the 2017 joint adult support and protection inspection with results less positive on this occasion. Where advocacy was offered it was mostly accepted. Advocacy was provided for adults at risk within appropriate timescales almost all the time. This effectively supported almost all adults at risk of harm to articulate their experiences or participate in formal meetings.

Independent advocacy services had a representative on the adult protection committee.

Financial harm and alleged perpetrators of all types of harm

Some adults at risk of harm whose records we read experienced financial harm. The partnership acted effectively to stop the harm for most of them. This was achieved through multi-agency partnership working including with banks and other financial bodies.

The alleged perpetrator was known to the partnership in almost all situations. In just over half of these situations, work was required to be undertaken with the perpetrator. The partnership carried out work with the alleged harmer most of the time. The quality of this work was mostly good or better.

Safety outcomes for adults at risk of harm

Almost all adults at risk of harm experienced improved outcomes further to the adult support and protection intervention. For most adults the adult support and protection process delivered improved wellbeing. For almost all adults this was as a result of multi-agency working.

Adult support and protection training

The partnership had recently developed a learning and development plan that consolidated ongoing activity, alongside planned future enhancements. The plan was ambitious and comprehensive. The plan was embedded in the partnership's 'Protecting People framework' and was underpinned by trauma informed learning and development activity. Positively, the development of the plan had been informed by a protecting people training needs analysis undertaken by the health and social care partnership in early 2023.

To the partnership's credit, a second worker training course had been developed and 149 workers had completed this since November 2022. Almost all survey respondents agreed that council officer training had underpinned their understanding of adult support and protection legislation, duties, and role. The council officer training course had been highly commended in June 2022 when it won the Dundee City Council Chief Executive's outstanding service and contribution award. The partnership had more work to do in relation to multi-agency training with just under half of staff agreeing there was regular, local multi-agency training and development opportunities. It was anticipated by the partnership that their recently updated plan would address this.

How good was the partnership's strategic leadership for adult support and protection?

Key messages

- The partnership had a clear and coherent shared vision for protecting people in Dundee. There were strong pathways between public protection partners and their strategy underpinned this joint approach.

- Strategic leaders recognised the experiences of adults at risk of harm in strategic planning, development, and improvement activity. There was a representative with lived experience on the adult protection committee. They were collaborating to further strengthen co-production ambitions.

- Strategic leaders were committed to the delivery of competent, effective, and collaborative adult support and protection practice. External improvement was sought with resources, capacity, and support all in place. Tools and guidance were subsequently implemented to address areas for improvement, but disappointingly they have had limited impact on practice.

- The partnership promoted a good learning culture. It had a multi-agency quality assurance framework in place and were actively applying it. They undertook large scale investigations and learning reviews to a high standard and promoted learning for staff. Despite these sound initiatives strategic oversight and direction of improvement was lacking.

- Strategic leaders had not acted quickly enough to respond to their own evidence from quality assurance activity that improvement work was having limited impact on practice and outcomes, including amending their improvement plans and approaches. The lack of refinement hindered change and improvement.

We concluded the partnership's strategic leadership for adult support and protection was effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

Vision and strategy

The Dundee partnership had adopted an integrated public protection approach. This approach aimed to support people with multiple and complex needs from across the various protection perspectives. The partnership had a clear and person-centred vision underpinning their work across public protection. Leaders held a collaborative event at the beginning of 2023 to directly engage with frontline staff about the public protection vision and strategy. This event was well attended. Despite this good example of engagement just under half of staff agreed that leaders provided a clear vision for their adult support and protection work. More work needs to be done to close this gap. The imminent launch of a dedicated adult protection committee website had potential to strengthen a shared understanding.

The adult protection committee delivery plan included the adult support and protection vision and strategies. It was approved by the chief officers' group during the period of inspection. This comprehensive plan had been developed to supersede the plethora of other plans in place. The partnership recognised that multiple plans made accountability, collective ownership, and the prioritisation of areas of practice challenging. It was too early to assess the implementation and impact of the very recently approved delivery plan.

Effectiveness of strategic leadership and governance for adult support and protection across partnership

The chief officers' group was responsible for overseeing all aspects of public protection including adult support and protection. The adult protection committee was accountable to the chief officers' group. The adult protection committee and chief officers' group had appropriate representation from key partners and met regularly. Appropriate priority was given to adult support and protection on the agenda of the chief officers' group. The chief officers' group required the adult protection committee to identify risk for inclusion on the corporate strategic risk register governed by the chief officers' group. An example was the partnership's need to strengthen its response to workforce capacity challenges. This risk was being mitigated by stepping down non-essential activity and prioritising operational adult support and protection work. A view that staff in Dundee fully supported.

The adult protection committee was supported by public protection lead officers, within which was a dedicated lead officer with a specific focus on adult support and protection. There was a part-time interim arrangement in place with a commitment to recruit longer term. This was pending a review by the health and social care partnership. This post was well supported by dedicated staff in the protecting people team and more senior managers across the partnership. Until this post is appointed to the partnership should consider how they balance their focus on public protection with the much-needed adult support and protection improvement activity.

Both Police Scotland and NHS Tayside had well established single points of contact for adult support and protection. The dedicated NHS Tayside adult support and protection team made a positive impact in terms of support and advice to frontline workers.

The adult support and protection committee had adopted the recently refreshed Scottish Government national minimum dataset reporting framework. The committee planned to review and update the adult support and protection dataset further to include additional measures. This will support routine reporting of national and local performance measures.

Effectiveness of leaders' engagement with adults at risk of harm and their unpaid carers

Commendably, an adult with lived experience of adult support and protection processes was a core member of the adult protection committee. The adult was a valued member and was supported to meaningfully contribute to the committee and met regularly with the independent chair. They had also been involved with a recruitment process.

Leaders were committed to embedding the experiences of adults at risk of harm in strategic planning, development, and improvement activity. A positive example of this was the work which had taken place with the authentic voices project to consider approaches to genuine collaboration with, and learning from, adults at risk of harm. The partnership recognised the implementation of lived experience strategic involvement as a priority for improvement and were developing plans and resources to advance further work in this area.

Delivery of competent, effective and collaborative adult support and protection practice

At a strategic level, leaders collaborated effectively to identify what was needed to improve multi-agency adult support and protection practice. Following the last inspection, the chief officers' group had commissioned external improvement services and prioritised resources, people, and money, to make the necessary improvements identified. A transformational change programme was put in place focussed on addressing chronology, risk assessment and protection plan weaknesses. Staff were at the centre of this approach, and they took the lead in the workstream activity, overseen by senior managers and the chief officers group. This work has successfully delivered competent templates linked to the IT system. While the Covid-19 pandemic impacted on the extent to which this work was embedded, strategic leaders needed to do more. The partnership had produced helpful guidance and templates in relation to these areas of practice, but staff were still not confidently or consistently applying it. Plans to implement wider updated guidance alongside their training plan offered the partnership an improvement opportunity.

NHS Tayside had invested in a dedicated adult support and protection team. This was viewed by health staff as an effective resource. It was evident that involvement of adult support and protection advisors at case conference and interagency referral discussions added value to discussions and decision-making. Adult support and protection advisors presented as champions with competence and confidence. There were positive examples of professional challenge from adult support and protection advisors. This team was an exemplar of good practice to the benefit of adults at risk of harm and had significantly strengthened health's role at a strategic level.

The partnership was moving towards a public protection framework. They were capitalising on some strong cross sector joint working initiatives. This included the community wellbeing centre, and a collaborative between the health and social care partnership and Scottish Ambulance Service which established a paramedic mental health response vehicle. The partnership's approach to early intervention, prevention and trauma informed practice was developing well within the public protection environment.

The partnership had also sought to address the demand in adult support and protection referral and screening activity by committing to a multi-agency screening hub (MASH). Despite well intentioned plans, the deployment of the recently tested approach proved unsustainable. The partnership had reflected on learning from the tested approach and had developed a proposed adults at risk multi-agency pathway. There was confusion about the role and purpose of interagency referral discussions at operational and strategic level. The process remained convoluted and required simplification. The undoubted benefits of interagency referral discussions were not, therefore, fully realised.

Quality assurance, self-evaluation and improvement activity

The partnership had a quality assurance framework. This set out a high-level plan for audit activity including an annual multi-agency audit and on-going audits of interagency referral meetings. Consequently, there was a multi-agency audit in November 2022 and a single agency social work audit in July 2023. Positively, some staff had been directly involved in evaluating the impact of adult support and protection work and felt it had positively influenced improvement. The adult protection committee had undertaken two initial case reviews since 2021. Briefings were delivered to staff to support them to understand review processes. The committee planned to repeat these briefings to support implementation of their updated learning review guidance.

The partnership had set out an intention to fully embed case file auditing of social work adult support and protection records on a regular basis. This was much needed. A competent tool had been developed but staff were unclear about the progress of implementation of it. Frontline managers said they had insufficient time to take part in planned audit activity. They did not consider self-evaluation activity to be well embedded. Middle managers indicated they were quality assuring work as it came to them on the electronic system. The evidence in relation to the quality of some work strongly indicates a clear disconnect between frontline social work practice and oversight at all levels.

The self-evaluation and continuous improvement sub-group of the adult protection committee had oversight of both single and multi-agency audit activity. This group also carried out vital work on behalf of the committee in relation to analysis of performance data, targeted audit work and dissemination of findings from learning reviews and similar. The self-evaluation and continuous improvement sub-group was the only sub-group of the adult protection committee with a specific focus on adult support and protection. The other sub-groups had developed a wider public protection focus. The partnership planned to move to an integrated adults at risk governance and strategy structure. This included an adult at risk committee replacing the adult protection committee. It was proposed that the pivotal self-evaluation and continuous improvement sub-group's functions would no longer feature in the structure, and instead would be delivered by distinct protecting people sub-groups. While this strategy risked diluting the focus and drive for improvement in adult support and protection work, there was an opportunity for the partnership to review how it reports on performance and governs progress more effectively.

Learning reviews

The partnership guidance on learning reviews had a public protection focus and reflected the latest Scottish Government guidance. The partnership had completed two initial case reviews in the past two years. Neither of these had progressed to significant case review (SCR). Both related to deaths caused by substance misuse. A significant case review was due for publication imminently.

The adult protection committee's self-evaluation and continuous improvement sub-group had a lead responsibility for the dissemination of learning and tracking improvement as a result of partnership reviews as well as national SCRs and learning reviews.

The partnership had concluded a thematic review of fire deaths at the end of 2021. This was a comprehensive multi-agency review. It had shone a spotlight on fire safety and raised awareness across health and social work staff. A short life working group reported progress against actions to the chief officers group and adult protection committee.

Summary

Key processes

The 2017 joint inspection of the Dundee adult protection partnership highlighted some critical areas for improvement across key processes including chronologies, risk assessments and protection plans. The partnership prioritised this improvement work and commendably created significant capacity and resources to ensure improvement. This led to a suite of competent templates for staff to use. However, while these were implemented into their IT system, they were not embedded into working practice in accordance with their guidance. This led to inconsistent practice that continued to be missed by frontline and middle managers who were not undertaking regular audit work. Lack of sufficient governance was also highlighted by the previous inspection.

Previously, we found that there were not enough case conferences where there should have been. This has been completely turned around, and these forums are critical components in analysing and mitigating risks. Multi-agency protection planning is comprehensively laid out in the minutes of meetings. While the adult support and protection key processes lack cohesion, the basics of assessing, analysing and mitigating risks are in place where they were not previously.

The joint screening and triage arrangements differ from 2017. The early screening group is no longer in place. Multi-agency screening arrangements have been tested but proved to be unsustainable as the partnership recognised that more comprehensive redesign was required. The first contact team and initial referral discussions do not provide an impactful solution. This lack of sustainability in early multi-agency decision making undermined a shared understanding of adult support and protection thresholds.

Adult support and protection inquiries was an area of concern at our last inspection, but there has been considerable improvement. They are competently undertaken, consistently reach the right decisions and include council officers where necessary almost all the time.

Strategic leadership

In 2017 the strategic leadership team shared a good working relationship. The inspection at that time recognised the innovation and collaboration across the leadership team and noted promising initiatives set out in a strong vision. However, the 2017 inspection also recognised the partnership's strategic leadership struggled to capitalise on this and make the necessary timely transformation required to progress and sustain service improvement across key areas of adult support and protection practice. This remains a fundamental issue for the partnership, although there are slight but significant differences.

On this occasion many improvement objectives and deliverables have been met by robust improvement methodologies, supported by commissioned improvement agencies. There has been a good measure of success, built on strong engagement strategies inclusive of staff and people with lived experience. For example, new screening and contact arrangements were deployed and refreshed guidance drafted. Tools and templates are developed and embedded in new IT systems. But while this is positive there remains challenges for the partnership governing progress. Use of self-evaluation and audit frameworks continue to provide the leadership team with strengths and weaknesses across key areas of practice, but assessment and refinement of these tools was consistently lacking. This is a significant barrier to sustainable change and improvement.

Health has now effectively augmented the adult protection partnership and strengthened its operational and strategic role well. The partnership benefits from this. There is scope for the partnership to take advantage of this and seek to address the lack of general practitioner input to adult support and protection work. This was an area of work the partnership were focussed on at our last inspection.

Overall, the partnership has made progress since the last inspection and closed some of the gaps in practice by delivering the necessary tools and templates required to operate effectively. The quality of inquiries and case conferences have improved but key processes rely on these too much. Risk assessment and investigation work remain areas for improvement. Innovation is strong but governance and oversight is lacking at all levels and continues to impede the coherent progress needed. The partnership should address this to ensure sustainable progress is maintained.

Next steps

We asked the Dundee partnership to prepare an improvement plan to address the priority areas for improvement we identify. The Care Inspectorate, through its link inspector, Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland will monitor progress implementing this plan.

Appendix 1 – core data set

Scrutiny of recordings results and staff survey results about initial inquiries – key process 1

Initial inquiries into concerns about adults at risk of harm scrutiny recordings of initial inquiries

- 100% of initial inquiries were in line with the principles of the ASP Act
- 100% of adult at risk of harm episodes were passed from the concern hub to the HSCP in good time
- 82% of episodes where the application of the three-point criteria was clearly recorded by the HSCP
- 95% of episodes where the three-point criteria was applied correctly by the HSCP
- 85% of episodes were progressed timeously by the HSCP
- Of those that were delayed, 50% two weeks to one month, 33% one to three months, 17% more than 3 months
- 97% of episodes evidenced management oversight of decision making
- 82% of episodes were rated good or better.
- 100% of interagency referral discussions (done at initial inquiry stage) were rated good or better.
- 76% of initial inquiries used investigative powers, 91% of initial inquiries done by a council officer

Staff survey results on initial inquiries

- 88% concur they are aware of the three-point criteria and how it applies to adults at risk of harm, 8% did not concur, 4% didn't know
- 65% concur that interventions for adults at risk of harm uphold the Act's principles of providing benefit and being the least restrictive option, 9% did not concur, 27% didn't know
- 59% concur they are confident that the partnership deals with initial adult at risk of harm concerns effectively, 20% did not concur, 21% didn't know

Information sharing among partners for initial inquiries

- 85% of episodes evidenced communication among partners

File reading results 2: for 50 adults at risk of harm, staff survey results (purple)

Chronologies

- 48% of adults at risk of harm had a chronology
- 26% of chronologies were rated good or better, 73% adequate or worse

Risk assessment and adult protection plans

- 88% of adults at risk of harm had a risk assessment
- 27% of risk assessments were rated good or better
- 62% of adults at risk of harm had a risk management / protection plan (when appropriate)
- 50% of protection plans were rated good or better, 50% were rated adequate or worse

Full investigations

- 97% of investigations effectively determined if an adult was at risk of harm
- 84% of investigations were carried out timeously
- 48% of investigations were rated good or better

Adult protection case conferences

- 96% were convened when required
- 86% were convened timeously
- 56% were attended by the adult at risk of harm (when invited)
- Police attended 91%, health 79% (when invited)
- 81% of case conferences were rated good or better for quality
- 91% effectively determined actions to keep the adult safe

Adult protection review case conferences

- 94% of review case conferences were convened when required
- 90% of review case conferences determined the required actions to keep the adult safe

Police involvement in adult support and protection

- 95% of adult protection concerns were sent to the HSCP in a timely manner
- 87% of inquiry officers' actions were rated good or better
- 79% of concern hub officers' actions were rated good or better

Health involvement in adult support and protection

- 79% good or better rating for the contribution of health professionals to improved safety and protection outcomes for adults at risk of harm
- 67% good or better rating for the quality of ASP recording in health records
- 78% rated good or better for quality information sharing and collaboration recorded in health records

File reading results 3: 50 adults at risk of harm and staff survey results (purple)

Information sharing

- 94% of cases evidenced partners sharing information
- 96% of those cases local authority staff shared information appropriately and effectively
- 94% of those cases police shared information appropriately and effectively
- 91% of those cases health staff shared information effectively

Management oversight and governance

- 62% of adults at risk of harm records were read by a line manager
- Evidence of governance shown in records - social work 90%, police 88%, health 33%

Involvement and support for adults at risk of harm

- 81% of adults at risk of harm had support throughout their adult protection journey
- 76% were rated good or better for overall quality of support to adult at risk of harm
- 69% concur adults at risk of harm are supported to participate meaningfully in ASP decisions that affect their lives, 8% did not concur, 22% didn't know

Independent advocacy

- 58% of adults at risk of harm were offered independent advocacy
- 72% of those offered, accepted and received advocacy
- 95% of adults at risk of harm who received advocacy got it timeously.

Capacity and assessments of capacity

- 91% of adults where there were concerns about capacity had a request to health for an assessment of capacity
- 67% of these adults had their capacity assessed by health
- 86% of capacity assessments done by health were done timeously

Financial harm and all perpetrators of harm

- 30% of adults at risk of harm were subject to financial harm
- 60% of partners' actions to stop financial harm were rated good or better
- 78% of partners' actions against known harm perpetrators were rated good or better

Safety and additional support outcomes

- 82% of adults at risk of harm had some improvement for safety and protection
- 92% of adults at risk of harm who needed additional support received it
- 59% concur adults subject to ASP, experience safer quality of life from the support they receive, 14% did not concur, 27% didn't know

Staff survey results about strategic leadership

Vision and strategy

- 46% concur local leaders provide staff with clear vision for their adult support and protection work. 24% did not concur, 29% didn't know

Effectiveness of leadership and governance for adult support and protection across partnership

- 47% concur local leadership of ASP across partnership is effective, 18% did not concur, 35% didn't know
- 49% concur I feel confident there is effective leadership from adult protection committee, 18% did not concur, 33% didn't know
- 36% concur local leaders work effectively to raise public awareness of ASP, 27% did not concur, 37% didn't know

Quality assurance, self-evaluation, and improvement activity

- 39% concur leaders evaluate the impact of what we do, and this informs improvement of ASP work across adult services, 19% did not concur, 42% didn't know
- 35% concur ASP changes and developments are integrated and well managed across partnership, 22% did not concur, 43% didn't know