



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
16 APRIL 2025

**REPORT ON:** ADULT SUPPORT AND PROTECTION IMPROVEMENT ACTIVITY UPDATE

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB23-2024

## **1.0 PURPOSE OF REPORT**

- 1.1 To inform the Integration Joint Board of progress made by the Health and Social Care Partnership to improve arrangements for identifying and responding to adults at risk of harm following the joint inspection of adult support and protection in Dundee published in December 2023.

## **2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board (IJB):

- 2.1 Note the overview of findings from the joint inspection of adult support and protection published in December 2023.
- 2.2 Note the actions progressed by the Health and Social Care Partnership in response to these findings, and initial evidence of impact in terms of improved responses to adults at risk
- 2.3 Note the current priorities and next steps for further improvement, including joint work with other partners via the Protecting People Committees.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None.

## **4.0 MAIN TEXT**

- 4.1 In late August 2023 the Dundee Partnership was notified by the Care Inspectorate of their intention to undertake a joint inspection of adult support and protection in the Dundee Partnership area under Section 115 of Part 8 of the Public Services Reform (Scotland) Act 2010. The inspection process commenced at the end of August 2023, with evidence gathering / field work phases finishing in late October 2023. The inspection report for the Dundee Partnership was published on 19 December 2023 and a report on the findings was submitted to the IJB in February 2024 (Article 3 of the minute of the meeting of the Dundee Integration Joint Board held on 21 February 2024 refers).
- 4.2 For both quality indicators considered during the inspection the Dundee Partnership was evaluated as Effective (on a 3-point progress statement scale: 'important areas of weakness', 'effective' and 'very effective'). This grading means that the Dundee Partnership is *'effective with areas for improvement. There are clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweigh areas for improvement.'* In addition to these overall gradings, the joint inspection team identified six areas of strength, as

well as six key areas for improvement, three of which were focused on operational aspects led by the Partnership's Social Work Service:

- The partnership needed to improve the consistent application and quality of investigations, 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.

4.3 Dundee Health and Social Care Partnership has a critical role to play in adult support and protection arrangements, with social work services being the statutory lead partner for operational adult protection processes. The Health and Social Care Partnership has a Protecting People Oversight Group with a distinct workplan which addresses single agency improvement priorities. This was revised following the inspection in response to the six key areas for improvement and wider findings. Over the last year significant progress has been made toward improving responses to adults at risk of harm, this has included a wide range of work within the Partnership itself, as well as at the interface with partners in the wider public sector and third sector.

#### **4.4 Progress of Improvement Plans**

4.4.1 The Partnership's improvement plan has three distinct areas of focus; key areas of progress against each area are provided below.

Operational Processes and Procedures:

- The Partnership has fully reviewed and updated their Adult Support and Protection Operational Procedures. This includes updates to reflect the most recent version of the national Code of Practice for Adult Support and Protection and learning from inspection findings, particularly in relation to the process for conducting investigations and the use of IRDs (Initial Referral Discussions). Single and multi-agency learning and development resources have also been updated to reflect the revised procedures.
- Administrative resources and processes that support protection process have been reviewed, including a review of the templates used to record key meetings. This has included a focus on ensuring that risk assessment information is captured consistently and thoroughly both in terms of records of meetings and within electronic case management systems (such as Mosaic).
- A new chronologies workflow has been developed within Mosaic and an Adult Support and Protection Chronologies e-learning module has been developed and launched. This has been supported by updates within the revised operational procedures and to wider learning and development resources.
- Procedures for carrying out Large-Scale Investigations have been fully reviewed and updated. This included a self-assessment against a tool developed by IRISS (national organisation who aim to use knowledge and innovation to make positive change in social work and social care services), including input from partner organisations.
- The operational interface between adult support and protection and MARAC (Multi-agency Risk Assessment Case Conferences for high-risk victims of domestic abuse) has been strengthened, with consistent representation now in place for MARAC meetings.

#### Learning and Development:

- Council Officer Training has continued to be delivered and reviewed after each cohort, this has led to an enhanced focus on chronologies and professional curiosity. The revised national Codes of Practice have been fully embedded into the Council Officer training (initial and refresher courses) and into training for Second Workers.
- LSI learning resources have been added to the Protecting People Learning Framework to ensure they are accessible to all relevant members of the workforce. LSI content has also been incorporated into Council Officer and Second Worker learning materials.
- An Adult Support and Protection Competency Tool has been developed and incorporated as tool within Council Officer training (initial and refresher). This is being used by the workforce, in collaboration with their managers, to review learning and progress.

#### Quality Assurance and Management Oversight:

- An audit tool for the Partnership has been developed and tested. This is currently being finalised, including the addition of a question relating to evidence of trauma-informed practice, prior to being embedded into a routine auditing process.
- Learning sessions on the Appreciative Inquiry Supervision model have been delivered via the Partnership's Team Managers Forum.
- There is ongoing leadership and oversight of public protection work within the Partnership via the Protecting People Oversight Group, Adults at Risk Leadership Group (see section 4.4.3 for further details) and via Clinical and Care Governance Groups.
- A Partnership adult support and protection operational lead post has been established and the postholder will take up post in mid-April 2025. This will add important additional capacity within the Partnership to continue improvement work as outlined in section 4.5.

- 4.4.2 In November 2024 the Adults at Risk Committee carried out a multi-agency case file audit exercise that considered practice within a sample of cases from September 2023 to October 2024. Although this was a multi-agency audit, as the Partnership's social work services are the lead partner for adult support and protection, the results heavily reflect the work undertaken by Partnership teams. A summary of the findings is provided in the table below:

Strengths	Areas showing some improvement (further focus required)	Areas for improvement
<ul style="list-style-type: none"><li>• Initial response to concerns via application of the three-point test</li><li>• Duty to Inquire regarding adult concerns</li><li>• Case conferences</li></ul>	<ul style="list-style-type: none"><li>• Quality of chronologies</li><li>• Risk assessments</li><li>• Independent Advocacy and capacity</li><li>• Involvement of all relevant agencies from Duty to Inquire onwards</li></ul>	<ul style="list-style-type: none"><li>• Presence of chronologies</li><li>• File sharing</li><li>• Involvements of the adult at risk at case conferences</li></ul>

<ul style="list-style-type: none"> <li>• Outcomes for adult at risk</li> </ul>	<ul style="list-style-type: none"> <li>• Second involvement</li> <li>• Investigations</li> </ul>	Worker
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Comparing the audit findings from November 2024 to similar audits that have taken place from 2020 onwards there is evidence of a significant improvement in the proportion of chronologies within case files that were evaluated as Good or better (60% in 2020 to 82% in 2024). There has also been a significant improvement in the proportion of case files where a risk assessment was present (64% to 92%), but a more limited improvement in the quality of those risk assessments (67% to 74%).

- 4.4.3 Alongside improvement activity focused on the Partnership's own adult support and protection arrangements, officers have continued to lead and contribute to significant developments in terms of multi-agency responses to adults at risk of harm. An Adults at Risk Leadership Group has been established to bring together senior operational managers to support the implementation of actions agreed following the inspection; the group is chaired for the Head of Service, Health and Community Care. The most significant development during the last year has been the development of an Adults at Risk Multi-agency Pathway, which will incorporate new multi-agency screening arrangements to support initial response to concerns and a new multi-agency risk management approach. It is planned that the screening arrangements will be implemented from 01 April 2025 when Partnership officers will co-locate with NHS Tayside and Police Scotland colleagues at Seymour House.

#### 4.5 2025/26 Priorities

- 4.5.1 The Protecting People Oversight Group's improvement plan contains a number of key priorities for 2025/26, building on the progress made over the last year. In many areas the focus will be on fully embedding changes to policy, procedures and processes that have been developed during 2024/25 into practice and undertaking quality assurance work, including case file auditing, to verify the impact this is having. This will continue to be supported via a range of learning and development approaches, both whole workforce and targeted activity where quality assurance works indicates this is required. In addition, it is anticipated that the new operational Lead Officer will progress:

- Developing and supporting the implementation of a consistent approach to referring adults at risk to independent advocacy services and supporting them to participate in adult support and protection case conferences.
- Finalising arrangements for routine case file auditing across Partnership Teams, including developing mechanisms to support the collation and reporting of findings, including ensuring management oversight.
- Improving the quality and reporting of operational data regarding adult support and protection processes and outcomes to support consistent management oversight, including via Clinical and Care Governance arrangements.
- Supporting the further development of approaches to support reflective supervision amongst staff who are involved in protection work.

- 4.5.2 During 2025/26 the Partnership will continue to take an active leadership role in wider multi-agency developments under the direction of the Adults at Risk Committee and Chief Officers Group. It is also anticipated that as the immediate priority for improvement in relation to adults at risk is increasingly advanced, that the Protecting People Oversight Group will review and widen the scope of their improvement plan to include actions relating to other protecting people areas (including child protection, violence against women and the management of serious and violent offenders).

## **5.0 POLICY IMPLICATIONS**

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

## **6.0 RISK ASSESSMENT**

- 6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

## **7.0 CONSULTATIONS**

- 7.1 The Chief Finance Officer, Head of Service – Health and Community Care and the Clerk were consulted in the preparation of this report.

## **8.0 DIRECTIONS**

- 8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

## **9.0 BACKGROUND PAPERS**

- 9.1 None.

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DATE: 20 March 2025

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