

REPORT TO: Policy and Performance Review Committee

MEETING DATE: 27 November 2012

BY: Executive Director (Services for People)

SUBJECT: Adult Protection

1. PURPOSE

1.1. To provide an update of Adult Protection in East Lothian

2. RECOMMENDATIONS

2.1. Members are asked to note content of report and receive future updates.

3. BACKGROUND

- 3.1 Since the implementation of the Adult Support and Protection (Scotland) Act 2007 in October 2008, the duties, powers and measures to safeguard adults who may be at risk of harm; have been embedded into practice and used to improve outcomes for people. Within the local authority areas of East Lothian and Midlothian the joint Adult Protection Committee, established in 2009, contributes to the protection and welfare of adults at risk of harm through collaboration between agencies, the government and the general public.
- 3.2 Under the Adult Support and Protection (Scotland) Act 2007 an adult at risk is someone aged sixteen and over who:
 - a) is unable to safeguard their own well-being, property rights or other interests:
 - b) is at risk of harm, and
 - c) because they are *affected* by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

- 3.3 Most people affected by disability, mental disorder, illness, or physical or mental infirmity live their lives comfortably and securely, either independently or with the help of paid or unpaid carers. We know however, that not everyone affected in this way is able to safeguard themselves.
- 3.4 The support and protection of adults at risk of harm remains high priority for our adult protection services with no cases waiting for allocation. Support is offered in a way that promotes independence, choice and empowerment. Currently, there are 40 live Adult Protection cases.

3.5 Police Referrals

Police referrals to social work have increased considerably in the previous 12 months but only a very small percentage are being progressed through Adult Protection. None the less, these referrals created a significant increase in volume of work for council officers which impacted on allocation of work elsewhere in the service meetings were subsequently held with our police colleagues to discuss referral processes and we are monitoring the impact of changes in process.

3.6 Multi Agency, Large Scale Investigations

Currently, they are dealing with two agencies (Carr Gomm and Housecall, both provide services in the community) under the above protocol. Partnership working is ensuring that the risk of harm to service users is being minimised. However, the failure of these services will have an impact as we are no longer referring work to them, considerably reducing the availability of care within the county.

There are no care homes being managed in this way with Tranent Care Home having just been stepped down from the above although admissions continue to be restricted.

3.7 Public Awareness

As we improve our data_collection (see Appendix 1) referrals_by cluster areas indicate areas of priority to raise public awareness. It is planned to offer presentations to Community Councils on Public Protection before the end of 2012 .The impact of this input will be monitored and referral data collected.

3.8 Suicide and Self Harm

In 2011 there were 18 Male deaths as a result of suicide; this was an increase of 9 on the previous year. This is the largest total in East Lothian in 30 years although it is still below the national rate for

Scotland. There were 4 suicides for women, which was down from 5 in 2011, despite the low numbers this rate continues to be higher than the national rate for Scotland.

Within an eight month period (3 Jan – 28 Aug 2012) East Lothian Council received 514 referrals from the police. 117 of the referrals were associated with feelings/thought of suicide and self harm which made up 20% of the referrals. 3% are repeat referrals but have only been counted once in the overall number of referrals. Of the overall referrals of self harm/suicide 49% were Female and 51% Male. Of the 51% that were known most of them had come into contact with Criminal Justice service and Children's services, the minority were known to mental health services (17%).

Alcohol was also a common feature with 52% of females presenting under the influence of alcohol and 48% of males.

The current service provision (outwith statutory services) within East Lothian provides an outreach service to individuals with a diagnosed mental illness, however there is no service provision that offers any crisis intervention to people who self-harm. The question of whether such a service, which is able to respond to people in crisis/distress/self-harm would reduce the numbers of people completing suicide and of those presenting with self harming behaviours should be considered?

A detailed report will be presented at a later date to PPRC.

4. POLICY IMPLICATIONS

4.1. None directly relating to this report.

5. EQUALITIES IMPACT ASSESSMENT

5.1. This report is not applicable to the well being of equalities groups and an Equalities Impact Assessment is not required.

6. RESOURCE IMPLICATIONS

6.1 None

7. BACKGROUND PAPERS

7.1 Appendix 1, statistical information

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Appendix 1, Statistical Data.

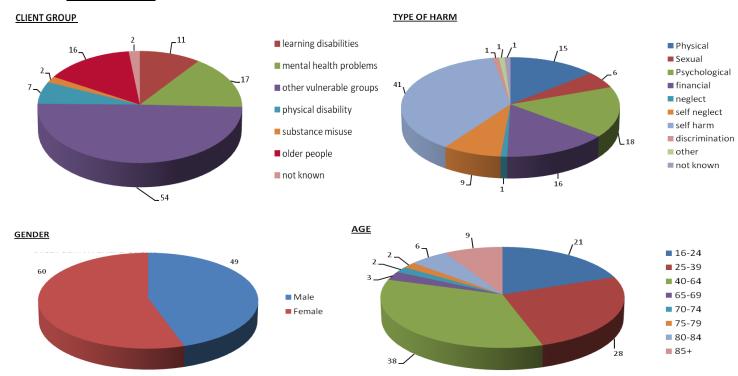
Trends and Patterns:

East Lothian

Measure	Short term trend	Long term trend	2010/11	2011/12	Q1 2012/13	Q2 2012/13	Annual
Referrals	1		835	941	214	271	485
Duty to Inquire	1	1	143	307	71	113	184
IRD	-	1	58	145	31	31	62
Case Conferences*	1	1	36	95	30	24	54
Professionals meetings			-	-	22	9	31
No of open cases	1	-		56	42	59	110
Protection Orders			8	5	1	2	3
No of Large Scale Investigations	-	•	2	7	0	0	0

^{* 2010/11&}amp; 2011/12 figures include Professionals Meetings.

Profile: East Lothian



East Lothian referrals by home address.

