



GRAMPIAN MULTI-AGENCY CORE STANDARDS FOR ASP CASE CONFERENCES

September 2025

Approvals:	
Aberdeen City Adult Protection Committee	26-06-2025
Aberdeenshire Adult Protection Committee	27-08-2025
Moray Adult Protection Committee	13-06-2025

Consultation & Endorsement:	
Grampian ASP Group	27-03-2025
GP Sub Committee	19-05-2025
Grampian Local Medical Committee	Virtual Consultation: 20-03-25 through 19-05-2025
NHS Grampian Public Protection Committee	21-05-2025
NHS Grampian Adult Support and Protection Group	08-05-2025
Advocacy SLWG for Case Conferences (Advocates from the three Grampian services + also individuals with lived experience)	Ongoing consultation activity Q1 2025. Full report collated and submitted May 2025.
Aberdeenshire Council Officer Forum	20-03-2025
Aberdeen City Council Officer Group + Senior Support Group	Email/Virtual Consultation March-May 2025
Moray Practice Governance Group	25-03-2025
Moray Adult Protection Forum	24-04-2025
Police Scotland PPU Leads + Partnership and Interventions	Virtual Consultation: 20-03-25 through 19-05-2025

Review Date	TO BE ALIGNED WITH GRAMPIAN ASP PROCEDURE REVIEW CYCLE
-------------	--

Responsibilities for review of this document:	
Lead Author/Co-ordinator	Kenneth O'Brien (Associate Director (Public Protection) – NHS Grampian)

Revision History: (If there is no previous document please insert N/A into the boxes into the boxes in the top row of the table below).			
Revision Date:	Previous Revision Date:	Summary of Changes (Descriptive summary of the changes made)	Changes Marked * (Identify page numbers and section heading)

*Changes marked should detail the section(s) of the document that have been amended i.e. page number and section heading.

Contents

1. Introduction	4
2. Purpose of a Case Conference & General Standards/Provisions	5
3. Standards – Primary Care and NHS Grampian	7
4. Standards – Police Scotland	9
5. Standards – Advocacy and Adult at Risk Involvement.....	10
Appendix A - Primary Care Information Dataset for ASP Case Conferences	12

1. Introduction

- 1.1.** Case Conferences have been a long-standing feature of Adult Support and Protection (ASP) practice both locally (within Grampian) and nationally.
- 1.2.** Case Conferences are the main interagency mechanism for sharing, discussing and helping to manage/resolve significant risks of harm to adults who are subject to the Adult Support and Protection (Scotland) Act 2007.
- 1.3.** All three Adult Protection Committees in Grampian agreed that there should be core multiagency standards/expectations relating to case conferences.
- 1.4.** Resultantly, a multiagency Short Life Working Group (SLWG) has devised this document to clarify and agree certain expectations between partners relating to:
 - **Participation/attendance of professionals at case conferences;**
 - **Logistical arrangements for when case conferences are called/scheduled;**
 - **Support to, and participation of, the adult at risk at case conferences.**
- 1.5.** The introduction of these core standards for case conferences in Grampian aims to improve multi-agency information sharing and joint decision making for adult support and protection throughout Grampian.

2. Purpose of a Case Conference & General Standards/Provisions

- 2.1. Within the current Grampian ASP interagency procedures, Case Conferences are specifically highlighted as being the key mechanism by which:
- **Relevant and proportionate information is shared relating to the adult and the risks they are facing;**
 - **Risks to the adult are evaluated and appropriate ways to manage/reduce such risks are put in place.**
 - **The view and wishes of the adult at risk are fully heard and understood.**
- 2.2. The Case Conference must also, following appropriate information sharing and discussions, formulate a clear **protection plan** for the adult at risk.
- 2.3. The Chairperson of the Case Conference will always be a senior and experienced Council Officer from one of the three local authority social work services within Grampian. Additionally, responsibility for the organisational logistics of ASP Case Conferences rests with the lead agency/social work.
- 2.4. Outside of emergency/urgent situations, (where it is recognised that all professionals will make every best effort to meet as quickly as possible), case conferences are considered to be *planned* meetings. Appropriate notice will always be given for such meetings to attendees, thereby maximising the chances of good quality preparation and attendance by all parties.
- 2.5. In normal, non-emergency, circumstances, invitations to ASP **initial** case conferences will be issued at least **2 weeks in advance** of the date of the meeting itself.
- 2.6. In normal, non-emergency, circumstances, invitations to ASP **review** case conferences will be issued at least **4 weeks in advance** of the date of the meeting itself.
- 2.7. Following the meeting, the minute of discussions and any accompanying protection plan **will be sent out to all participants within 14 days.**
- 2.8. If, following the ASP Case Conference, it is felt that the adult remains at risk – an ASP Review Case Conference **must be scheduled within 6 months.**
- 2.9. If multiagency partners have any concerns regarding the scheduling of case conferences, these should be resolved between the lead agency and the multiagency partner at the earliest opportunity.
- 2.10. If there are any concerns regarding multiagency participation and support to the ASP Case Conference process, the **three stage escalation process** – as set

out in the Grampian ASP Multiagency Escalation document – should be followed. The Multiagency Escalation document is accessible via each organisation's internal intranet sites.

3. Standards – Primary Care and NHS Grampian

- 3.1. Health professionals can be key participants in relation to case conferences. They will often hold relevant information that relates to the adult at risk's vulnerability; communication needs and/or mental capacity. All of this information is particularly relevant when discussing both the risks to an adult subject to ASP processes and their protection planning
- 3.2. Depending on who is working from 'health' with an adult at risk, an invitation to a case conference will be extended to the adult's GP and any NHS Grampian employed health professionals with involvement with the individual.

Primary Care / GP Attendance at Case Conferences

- 3.3. The current [national guidance](#) for General Practice relating to Adult Support Protection is clear that a collaborative approach is vital between partners.
- 3.4. Social Work ASP Teams will **always** provide an invite to an ASP Case Conference for the GP and practice employed team currently working with an adult at risk.
- 3.5. As a minimum, it will always be expected that GP and practice employed colleagues will share data as per the Primary Care Information Dataset for ASP Case Conferences – see Appendix A to these standards. This dataset allows GP and practice employed colleagues to provide clear, up-to-date, factual information relating to known health conditions, medication, vulnerabilities, contact with the adult, and provide any further information or professional opinions they may wish considered at the case conference.
- 3.6. The provision of this information supports GP and practice employed colleagues to meet the requirement within the national guidance that they:

“provide relevant and proportionate information to assist risk assessment and appropriate decision making.”
- 3.7. The use of the dataset in Appendix A, should be considered a *floor* as opposed to a *ceiling* relating to GP and practice employed colleague participation in the ASP case conference arrangements. GP and practice employed colleagues will *always* be welcomed and encouraged to participate and attend ASP Case Conferences for adults at risk.
- 3.8. GP and practice employed colleagues are requested to attend ASP Case Conferences in the following circumstances and if they have capacity to do so:
 - Where the GP is the *only* health professional currently working with the adult at risk.

- Where the GP and their practice employed colleagues have had significant involvement in the recent care of the adult at risk and may have a key contribution to any protection plan actions.

3.9. For clarity, there is no contractual obligation on GP colleagues to attend ASP Case Conferences. Attendance is at the professional discretion of the GP. It should be noted that there is currently no agreed collaborative fee funding for attendance.

NHS Grampian Employed Health Professionals

3.10. An invitation to attend an ASP Case Conference will *always* be extended to all NHS Grampian employed health professionals that are currently working with an adult at risk. If lead agency/social work have any difficulty identifying the correct health professionals/contact information, they should discuss with the relevant aligned ASP Specialist Nurse for their area.

3.11. There is an absolute expectation, given the health board's legal *duty to cooperate* with ASP inquiries, that NHS Grampian health professionals will prioritise attendance at ASP Case Conferences.

3.12. Except in emergency/urgent situations, health professionals should always have 2 weeks' notice for **initial** case conferences and 4 weeks' notice of any planned **review** case conference meeting. This should allow time for appropriate diary management.

3.13. The responsibility for attendance at case conference rests with the relevant health professional who has been invited. However, it is recognised that – particularly for individuals with complex health needs – a significant number of professionals from within the same multidisciplinary team may be invited to the same ASP case conference meeting.

3.14. It is acceptable for a Multi-Disciplinary Team (MDT) to discuss amongst all of those invited who is best placed to attend and represent the health professionals at the case conference. However, it must be stressed that the onus is on those professionals not attending to ensure that the colleagues representing them have all the necessary information to support contributions on their behalf.

3.15. Given the potential breadth and complexity of health attendance at ASP case conferences, the full invitee list will be sent by the lead agency to the ASP Specialist Nurse for the area in question. This will allow the specialist nurse for the Health and Social Care Partnership area to offer support to health colleagues prior to any issues arising regarding participation/attendance.

4. Standards – Police Scotland

- 4.1.** Police Scotland have a key role to play within the ASP Case Conference process.
- 4.2.** Police Scotland have committed to provide officer attendance at all ASP Case Conferences and reviews where:
 - Criminality and/or potential criminality are a factor in the nature/type of harm and risks being addressed as part of the ASP process.
 - Police Scotland may have a key role/contribution to any protection plan actions.
- 4.3.** In other circumstances, Police will not provide an officer to attend the case conference, however they will commit to providing appropriate and relevant police intelligence/research to be 'fed into' the ASP case conference deliberations.
- 4.4.** Lead Agency Social Work colleagues will direct all invitations/notifications of ASP case conferences to NorthEastConcernHub@scotland.police.uk
- 4.5.** When writing to the police regarding an upcoming case conference, social work colleagues will specify whether police are invited to *attend* (as per the criteria above), or are being *informed* for the purposes of the provision of relevant information.
- 4.6.** If there is any debate or discussion required regarding whether Police should attend an ASP Case Conference, this should occur in good time between the relevant social work team and the Detective Inspector of the North East Concern Hub.

5. Standards – Advocacy and Adult Participation

The involvement and participation of adults at risk in case conference meetings is a core priority for all of the multiagency partners. The standards in this section of the document have been agreed jointly with advocacy partners across Grampian and have also been consulted on with adults who have lived experience of the Adult Support and Protection process.

These standards also take account of the [national good practice resource](#) relating to effective participation in ASP case conferences.

- 5.1.** Those subject to ASP processes will have a right of access to independent advocacy, and their voices to be heard, throughout the duration of the ASP process.
- 5.2.** There is a presumption of (with consent) a referral to Advocacy being made. Normally, this would be the responsibility of the lead agency (social work). The role of the independent advocate is to support the adult at risk to understand the ASP processes in place and their participation in that process.
- 5.3.** To that end, if the adult at risk has initially declined the support of advocacy during ASP processes – this will be revisited regularly prior to any case conference meeting – both initial and review.
- 5.4.** Independent Advocacy referrals will be made at the earliest point in time, for engagement to be meaningful, and continue to be made, throughout the duration of the ASP process, where required. However, if consent for referral is given with little prior notice – this does not preclude the provision of an advocacy service.
- 5.5.** If the adult at risk does not wish the services of an advocate, this does not mean the end of appropriate efforts to ensure their voice is heard effectively in the case conference meeting. Alternate support options will be offered and put in place – the support of a trusted professional; friend etc. This will normally be coordinated by the lead agency (social work), but can be provided by multiagency partners (translation services; SALT etc.)
- 5.6.** Specialist supports – separate from advocacy provision – will be made available, if necessary, to support the adult at risk's participation. This could include translation services etc.
- 5.7.** ASP case conferences will be held at times and in places that are helpful, convenient and appropriate for the person subject to the process - and their advocate. Considerations will include methods of invitation; appropriate forms of communication; and notice periods given prior to meetings. When considering the logistical arrangements for case conferences, the adult at risk will always be consulted appropriately.

- 5.8. Case Conferences will be personalised as much as possible to meet the adult at risks needs and wishes, however, will be within the boundaries of competent communication and risk management. Discussions will include the location, type (in person/virtual); and membership of the case conference. Where there is an inability to fully meet the wishes and needs of the adult at risk, the adult will be fully involved and have any concerns or issues explained and discussed openly.
- 5.9. Even if the entirety of the case conference cannot be structured to reflect the adult's wishes, there will always be the *maximum possible* adjustments and arrangements made to support the adult's involvement and participation.
- 5.10. The adult at risk will be given the choice of when and where in the meeting they would wish to speak to the case conference attendees. This is to avoid any possible anxiety for adults at risk 'having to wait their turn'. However, adults at risk will also be made fully aware that their input is welcome at **any and all parts** of the case conference process.
- 5.11. The adult at risk, and their advocate, will be brought in to the meeting at the agreed time, by the meeting Chair, and not be left "outside" of meetings until the views of professionals are heard. If the views of professionals need to be heard and discussed separately – this will be organised in a manner that does not require the adult at risk to 'wait' whilst this is done.
- 5.12. The views of carers, where appropriate, will be fully listened to as part of any case conference. Where it is possible to do so, carers will be supported by an advocate throughout the ASP case conference process. It is a future aspiration of the Grampian multiagency partners to offer advocacy – where appropriate – to all carers participating in the ASP case conference process.
- 5.13. If the adult at risk chooses NOT to be part of the ASP process – including refusing to participate in any case conference – every effort will still be made to both:
- Engage with the adult to establish their views and wishes + ensure these are fully reflected in the case conference discussions.
 - Ensure that the outcome of any case conference is fully shared with the adult at risk and give them an opportunity to respond to any conclusions, decisions and/or plans discussed in their absence.

Whilst the professional identified to discuss the outcome of the case conference with the adult at risk may vary – overall responsibility rests with the Lead Agency (Social Work).

- 5.14. Regardless of the methods of support provided – the underlying core principle for case conferences is that the adult has a right to be heard and have support that meets their need to have their voice heard.

Appendix A: Primary Care Information Dataset for ASP Case Conferences

Data Item	Description	Length of Review/Search of Record
Current Medical Conditions	Current Medical Conditions that are held in GP records	Live 'snapshot' at time of completion
Significant Medical History	Past medical history of adult at risk	Review full GP Record
Current Medications + date last repeat medication ordered.	Current list of medications as held in GP records + last date ordered	Live 'snapshot' at time of completion
Recent Contact With GP Practice + Outcome	Calls; Surgery Visits; Home Visits + recorded outcome	24 months retrospective.
Known Recent Hospital Admissions	Hospital Admissions that are recorded in the GP record.	24 months retrospective.
Current 'read codes' on GP system relating to vulnerable adult; mental health; and Adults with Incapacity	Active 'read codes' flagged on the GP system	Live snapshot
Date of referral for mental health assessments/interventions + outcome (if any)	Any assessments of the adult's mental health and outcome as already recorded in GP records.	24 months retrospective for mental health.
Capacity assessments undertaken by Primary Care + outcome.	Capacity assessments undertaken by colleagues within the GP practice	12 months retrospective for capacity assessments.

This Dataset allows for the provision of factual information into the ASP Case Conference process. This information should already be present in the GP record. Provision of this data should only involve extraction of currently held information, with no new professional/clinical decision making required.

It has been agreed that an optional 'free text' question will be offered at the end of any request to GP's:

"Any further information about the adult at risk and their vulnerability that you would wish to share".