

Background

The Adult Support and Protection Act (Scotland) 2007 aims to protect adults who are unable to safeguard their own interests and are at risk of harm because they are affected by disability, mental disorder, illness or physical or mental infirmity. The Act places duties on councils and other organisations to investigate and, where necessary, act to reduce the harm or risk of harm.

Section 46 of the Act requires the Convenors of Adult Protection Committees to produce a biennial report analysing, reviewing, and commenting on APC functions and activities in the preceding two years.

While these guidance notes recognise the challenge of matching this to local reporting, following the new reporting format provides a way of consistently recording information, key themes and issues that are comparable locally, regionally, and nationally.

Reporting

The purpose of the summary report is to analyse activity and provide a concise overview of the Adult Protection landscape locally and nationally that can be used and cross-referenced, with experiences, challenges, learning, and good practice shared with the intention of improving outcomes.

To support analysis each section of the report should:

- be focussed, concise, with minimum reference to administrative functions
- use clear and consistent language and terminology
- include relevant data wherever possible

We understand the APC biennial report is used to share information with partners, external agencies and the public, and should be accessible and engaging. The page recommendation is included as a way to provide meaningful, manageable information for compiling, and a level of standardisation across each committee for comparison. Images, graphics, and tables containing information and data should be summarised, and so would not be part of the suggested section size. Where you have large amounts of data please consider highlighting the key points but including as an appendix.

Statutory functions

Previously this has been a separate reporting area, but how the Committees statutory functions have been addressed should always be considered, as it cuts through all ASP work. Please highlight in the relevant section any significant achievements, pressures, developments, complexities or challenges around statutory functions and governance arrangements (particularly those involving cooperation between the council and other public bodies and officials), alongside ways you have addressed them, or suggest potential solutions. You should also provide brief analysis of work that goes beyond legislative requirements - why was this work included, what did you do, and what was the impact?

Template Sections

Each section does not require an exhaustive list of ASP activity over the previous two years. Instead identify key achievements, activities, trends, outcomes, and learning, offer analysis of the work undertaken, what the outcomes were, and the impact following. Where possible, provide case studies, feedback from staff and service users, and transferable learning. This should provide a clearer picture of what the significant themes are across the country.

Reporting and analysis around the support and protection of adults at risk should pay particular attention to areas where there has been:

- significant activity, changing trends, and outcomes
- significant achievements and consistent challenges with management of services, and workforce, practice, and performance
- multi-agency, collaborative practice, communication and cooperation between agencies
- public information, engagement, and involvement
- training, learning, and staff development

What your data tells you

***We are aware that this biennial period includes use of the annual data returns for 2022/23 and implementation of the quarterly minimum dataset indicators in 2023/24, which may contribute to variation in approaches to data analysis between partnerships for this biennial reporting period.**

(Suggested page count: 3)

South Ayrshire Adult Protection Committee (APC) are committed to the development of services and support for adults at risk of harm. An Adult Support and Protection (ASP) Quarterly Performance Report is submitted to each meeting of the APC and is also reported to the quarterly meeting of South Ayrshire Chief Officers Group (COG).

The Quarterly Report provides data and analysis across the range of ASP activity. This includes the number of referrals, the source of referral, the type of harm identified, achievement of target timescales for the various stages in the ASP processes, Social Work “client groups” for the adults at risk and the number of ASP Case Conferences / Review Case Conferences. Analysis of the data, including a breakdown by Social Work Team is provided and is informed by discussion of the data with Social Work Team Leaders, and the multi-agency APC Management Information, Evaluation & Improvement Subgroup, led by the ASP Lead Officer.

Also covered in this biennial report are 2023-34 National comparisons with other local authorities similar in population, environment, affluence, and deprivation, to South Ayrshire. Although we recognise the purpose of the National dataset is not to benchmark council areas, we believe it is worthwhile to recognise national patterns, trends and causes through countrywide networks.

For the period covered in this report, the development and implementation of the post-Inspection ASP Improvement Plan has also featured additional scrutiny and monitoring as the improvement actions were progressed and achieved. This includes oversight by the multi-agency group tasked with reviewing progress and also from the Health and Care Governance Group and the Social Work Governance Group.

The development and implementation of the ASP Improvement Plan has been central to the work of the APC and its partners over the past two years.

Scrutiny and review of the data and associated analysis informs the priorities for the APC. The APC also monitors subsequent action plans and progress. The analysis of the performance data, and the findings, recommendations of any self-evaluation activity also inform and influence the APC Improvement Plan.

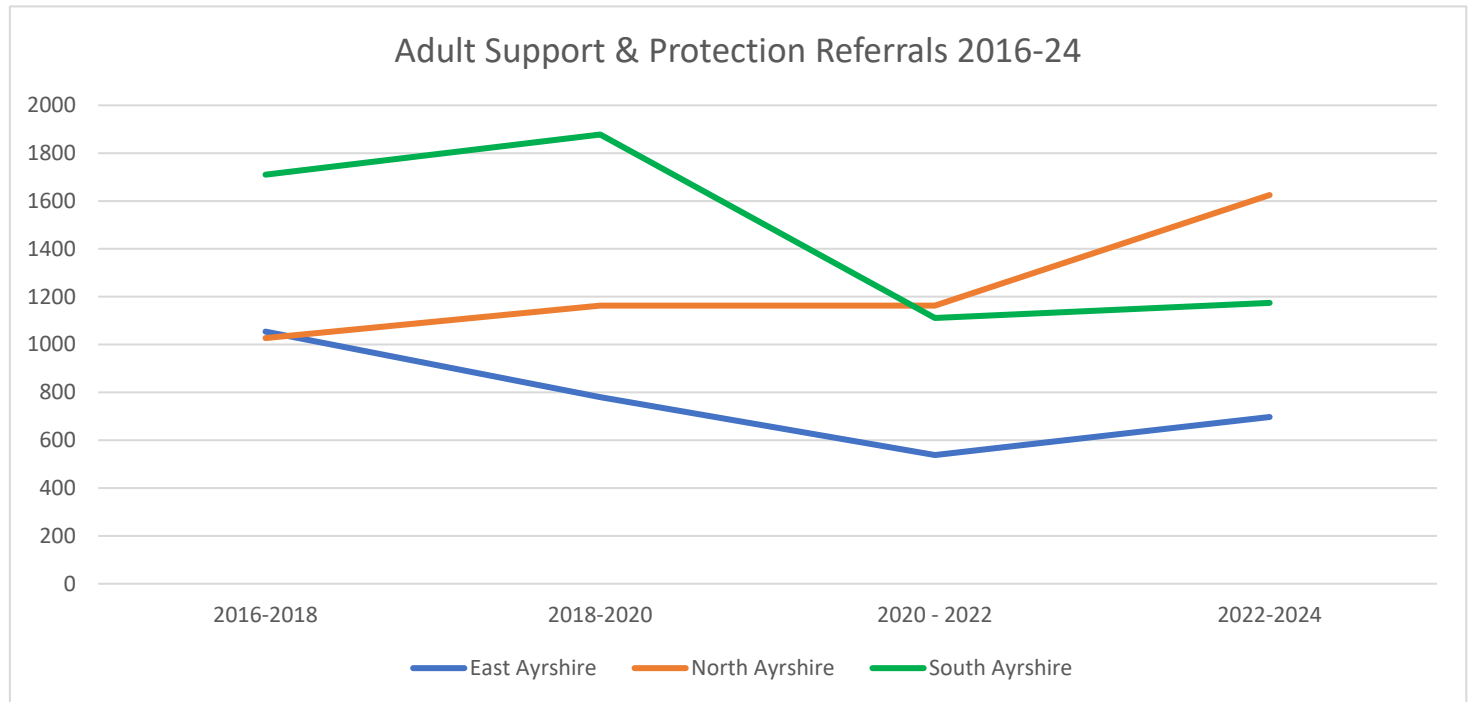
There are currently plans for the replacement of CareFirst, the information management system from which the data for the report is drawn. It is anticipated that this replacement will provide additional functionality and opportunities for refinement and improvement of reporting. Associated with the gathering of data, South Ayrshire APC has been one of the five “learning partners” progressing work on the National ASP National Minimum Dataset and has made a significant contribution to the developing dataset.

Ayrshire Comparison of ASP Reporting Activity

The three Ayrshire APCs work closely together on a range of activities including the shared development of procedures, guidance documents and the development and delivery of learning and practice development activities. This also includes the routine comparison and analysis of statistical data / ASP activity across the three areas. There is also a single Health Board (NHS Ayrshire and Arran) and a single Police Scotland Division (“U” Division), both operating exclusively across the areas covered by the three Ayrshire APCs, so on occasions it makes sense to routinely monitor and report on data and activity on this basis.

ASP Referrals

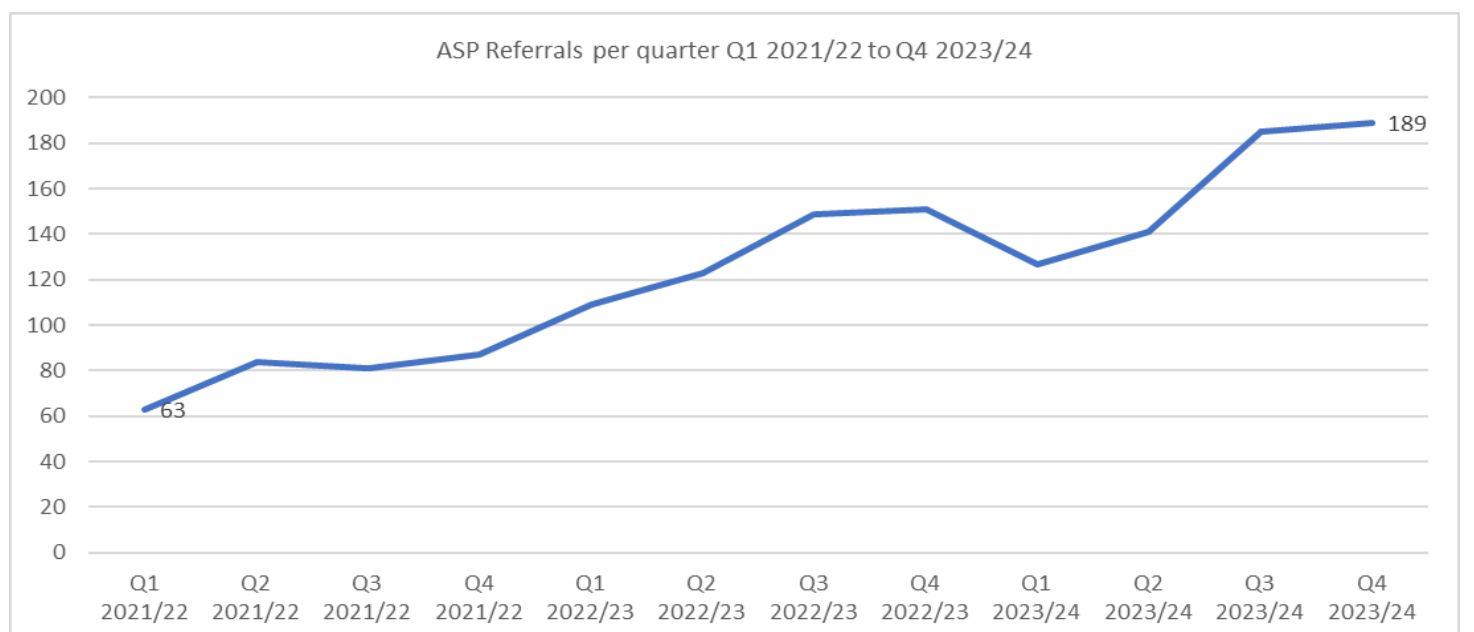
Figure 1



ASP referral data for the period 2016-2024 shows significant variations across the three Ayrshires'. Like South Ayrshire, East Ayrshire also showed a decline in ASP referrals around the start of COVID-19 restrictions, with a clear increase once restrictions were being loosened. However, North Ayrshire was relatively stable throughout that period. Post pandemic, each of the three partnerships saw a general increase in referrals (and that trend continues).

The more recent picture for South Ayrshire is detailed below:

Figure 2



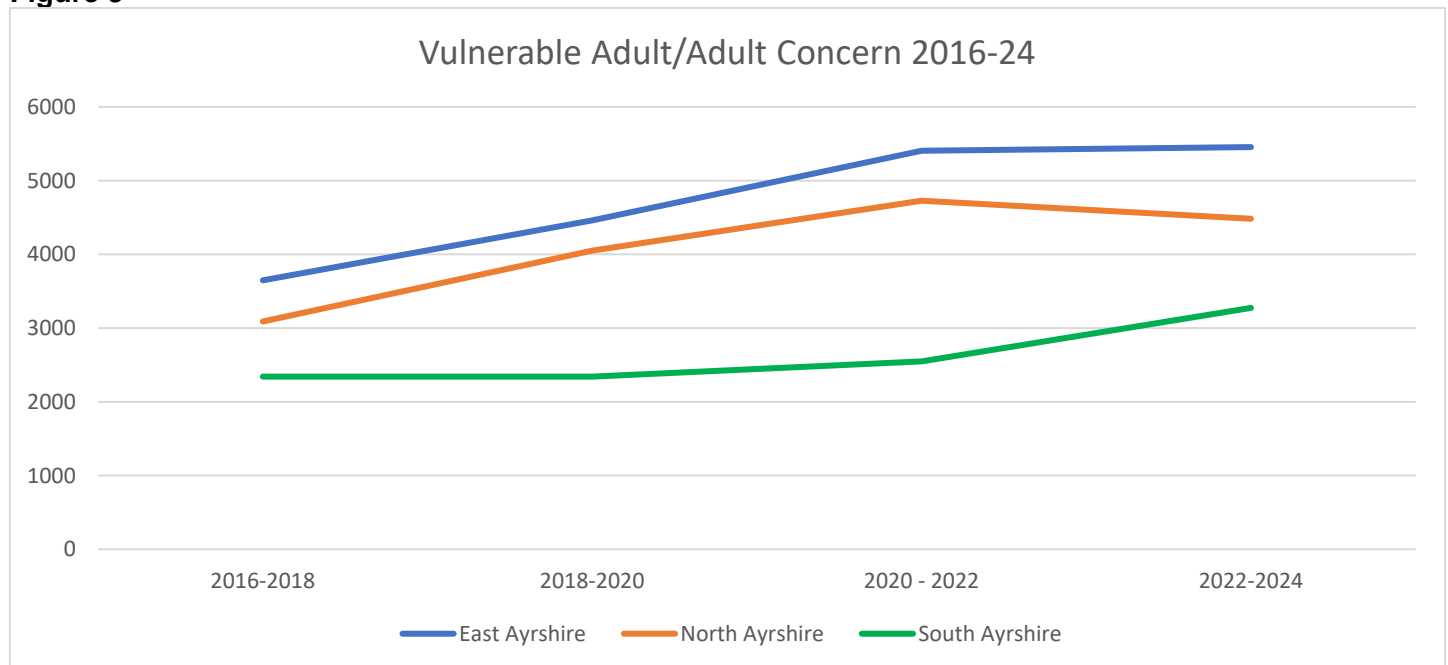
For South Ayrshire, the post-pandemic rise in referrals has resulted in a three-fold increase from April 2021 to March 2024.

ASP Referrals*	2023-24
Local Authority Comparators	Per 100k Adults
South Ayrshire	675
Dumfries & Galloway	4296
Clackmannanshire	1596
Fife	1432
West Lothian	939
Scottish average	1378
*There is a wide variation in these figures attributed to differing policies and practices being followed across the country.	

Adult Concern/Vulnerable Adult Referrals

Across the three Ayrshire partnerships, an “Adult Concern” (or “Vulnerable Adult”) referral can be made by any agency which has concerns about an individual but does not believe that the threshold for ASP procedures has been reached. The number of Adult Concern/Vulnerable Adult referrals has increased year-on-year:

Figure 3



South Ayrshire consistently receives fewer Adult Concern / Vulnerable Adult referrals than partners in East and North Ayrshire although the rate of increase over the period 2016-2022 is fairly consistent for the three partnerships (the reduced rate of increase in South Ayrshire from 2020 onwards can be accounted for the Revised Adult Concern / Vulnerable Adult Escalation Procedure, with fewer of these referrals being reclassified as ASP).

South Ayrshire typically received fewer than half the number of referrals than East Ayrshire received and just over half of those received by North Ayrshire. However, this picture changed post-pandemic, with East Ayrshire referrals remaining relatively stable in this biennial period, North Ayrshire showing a general decline (5%) in referrals but with South Ayrshire showing a significant increase (28%).

ASP Referrals by Type of Harm

Throughout the reporting period, the proportion of referrals recorded by type of harm has been broadly consistent. Physical Harm is most likely to be the highest reporting category in each of the Quarterly Performance reports. In this biennial period, the percentage of referrals where the primary harm was “Physical” increased by 56%. Many of these referrals concerned individuals who were resident in care homes and the referrals were related to activities around ASP Large-scale Investigations. There has also been some additional practice development activity around the recording of the primary harm to try to ensure that there is increased accuracy in the recording of data. As a result of this activity, there has been a clear reduction in the number of cases where there was no primary harm was identified (either because there was no recording of the primary harm, or the primary harm was noted as “Other”). This will continue to be monitored and reported to the APC in the Quarterly Report framework.

Table 1

Type of Harm	% of Total
Domestic Violence	3%
Sexual Harm	4%
Emotional Harm	5%
Self-harm	10%
Financial Harm	11%
Neglect	11%
Self-neglect	14%
Other Harm	14%
Physical Harm	28%

ASP Referrals by source of referral

ASP referrals are received from a wide range of partners, other agencies, and individuals. Consistently, the single largest provider of ASP referrals is Police Scotland (12%). However, over this reporting period the proportion of referrals received from the Independent Care Sector service providers continued to increase.

This was most marked in the case of Care Home referrals, which increased from 8% of all referrals in the 2020-2022 biennial period to 26% in this reporting period. This is largely down the ASP Large-scale Investigation activity (detailed later in this report) and its impact on overall referral numbers (either as part of an Investigation or as a result of greater scrutiny and the impact on the application of thresholds).

Table 2

Referral Source	%
Other Health Professional	4
HSCP Social Work	10
Hospital Staff	10
Independent Sector - Care at Home Provider	10
Police	12
Other Organisation	14
Other	14
Independent Sector - Care Home Provider	26

The Committee has also had further discussions around the number of ASP referrals received from Health professionals. It has been noted that these have been generally increasing, both for community-based and also acute-based professionals. This increase can be attributed, in part at least, to the work of the newly created NHS Ayrshire and Arran Public Protection Team which has been developing practitioners’ identification of ASP concerns and ensuring clear and effective processes are evident for making a referral.

The Committee has also been working hard to engage with the Scottish Ambulance Service as it has been noted that very few ASP referrals are made by this service, in spite to the vulnerabilities of the people they will be routinely supporting. The result of that work is that a member of this service now sits on the APC.

The development of the National Minimum Dataset will promote greater clarity and consistency in terms of reporting generally, and with respect to more clearly defined categories. This will be aided by the ongoing

monitoring and practice development related to the reduction of the number of cases where the source of referral is either not recorded or is recorded as “Other”.

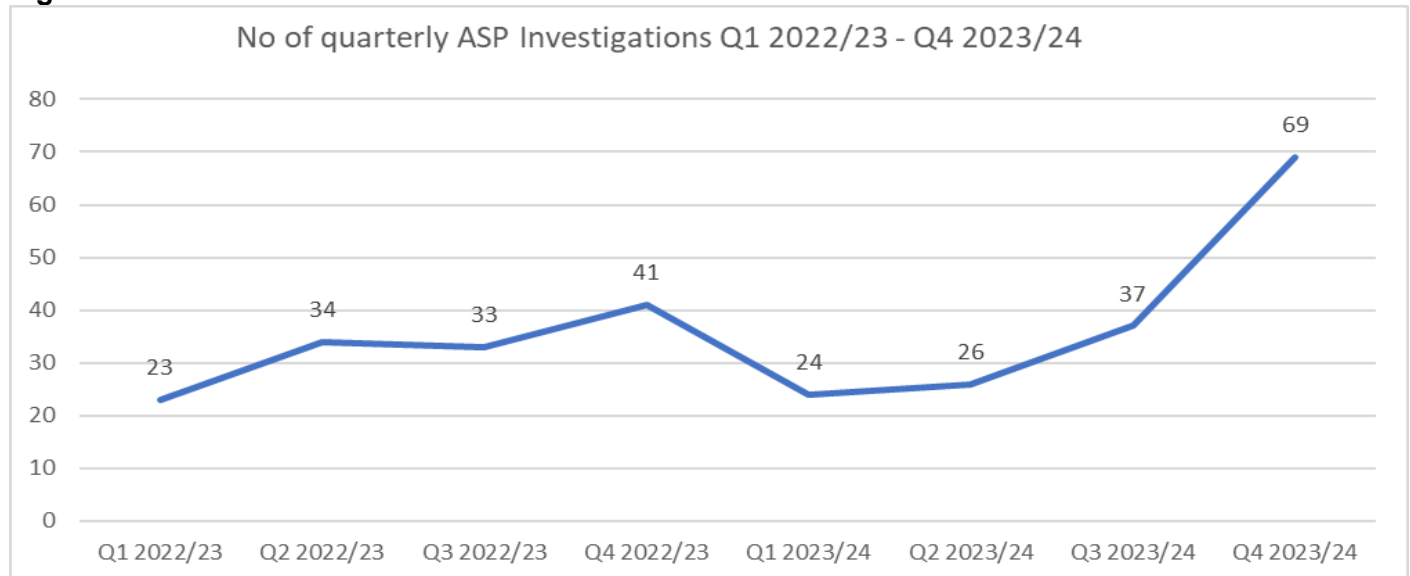
Adult Support and Protection Inquiries

In South Ayrshire, an ASP referral will result in an ASP Inquiry being carried out, (unless a duplicate referral for the same incident has been received or the referral relates to the same concerns that are already being dealt with under Adult Support and Protection procedures).

Adult Support and Protection Investigations

As with the number of ASP Referrals, the overall number of Investigations declined during the period of pandemic restrictions. However, the rate of decline in the number of Investigations was less pronounced than that seen in the number of referrals, which reflected the assessed level of risk. Post-pandemic, there was less of an impact on the number of Investigations than there had been on the number of referrals, with each Quarterly total showing fluctuations but with no clear trend. However, Quarters 3 and 4 for 2023-2024 showed significant increases and these are directly related to the ASP Large-scale Investigation activity centred on a number of care homes.

Figure 4

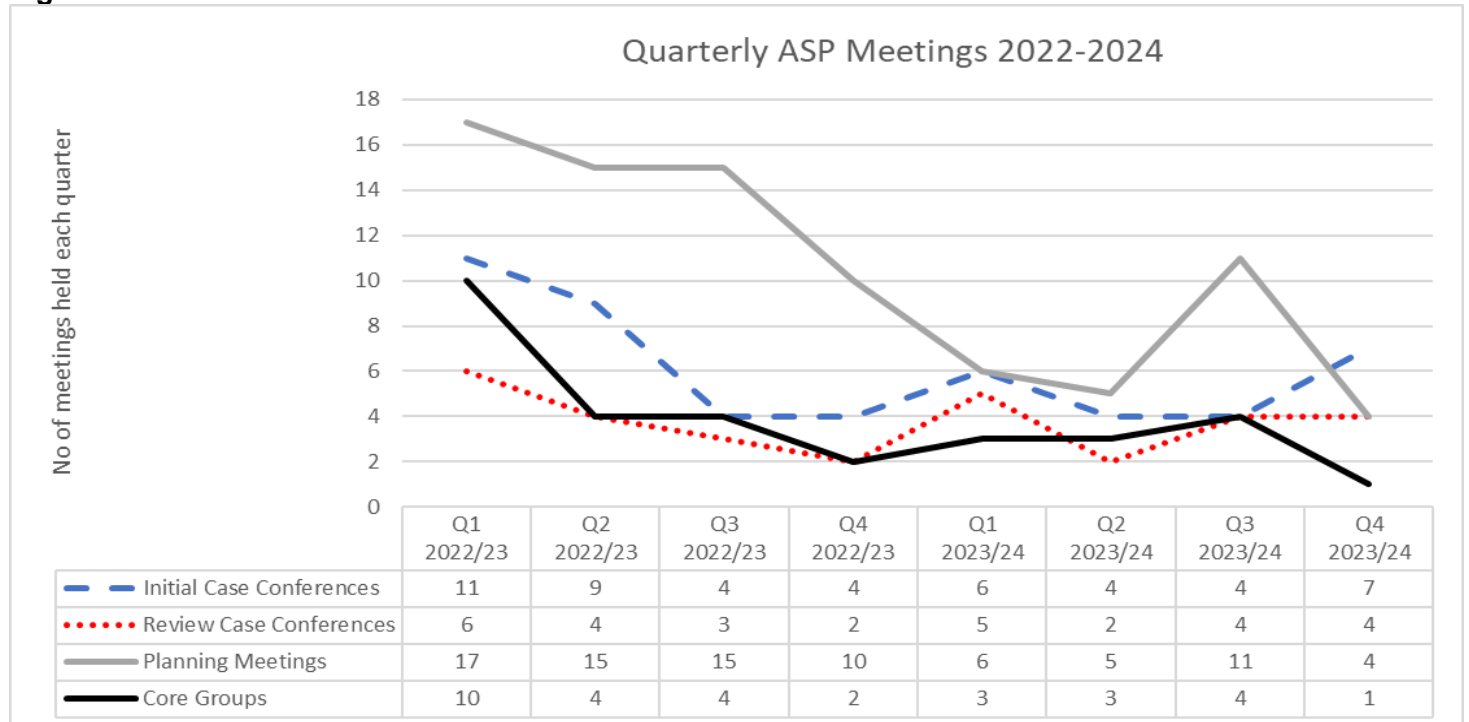


<u>ASP Inquiries & Investigatory Powers Inquiries</u>	<u>2023-24</u>
<u>Local Authority Comparators</u>	<u>Per 100k Adults</u>
South Ayrshire	705
Dumfries & Galloway	745
Clackmannanshire	1594
Fife	678
West Lothian	670
Scottish average	1039

ASP Case Conferences

Over recent years, South Ayrshire has seen a general reduction in the number of ASP Case Conferences convened. This is partly as a consequence of steps taken to address the fact that in 2018 South Ayrshire had (by far) the highest rate of ASP Case Consequences per head of population for any partnership in Scotland. However, the current reporting period has shown that, as the overall number continues to decline, it's reasonable to consider if the number continues to reflect the risks and supports that adults at risk of harm may be experiencing. Consequently, the Committee are looking at carrying out further self-evaluation activity around this so they can be assured that ASP Case Conferences are being convened when required.

Figure 5



<u>ASP Initial & Review Case Conferences</u>	<u>2023-24</u>
<u>Local Authority Comparators</u>	<u>Per 100k Adults</u>
South Ayrshire	38
Dumfries & Galloway	100
Clackmannanshire	142
Fife	70
West Lothian	86
Scottish average	102

ASP Protection Orders

There have been no ASP Protection Orders granted in this reporting period.

Outcomes, achievements, and service improvements

(Suggested page count: 7)

In September 2021, the Care Inspectorate, Healthcare Improvement Scotland, and Her Majesty's Inspectorate of Constabulary carried out a joint inspection of ASP in South Ayrshire. The report on the inspection was received in November 2021 and it identified a number of areas for development. This resulted a broad post-inspection ASP Improvement Plan being put in place. The multi-agency ASP Leadership Group had responsibility for the implementation of this Improvement Plan, with the Committee and COG maintaining oversight. The implementation of the Improvement Plan was a significant piece of work for all concerned, covering a wide range of actions, with a focus on improvement around Social Work systems and processes and involved the commitment of significant resources.

A twelve-month follow-up update on the completed Improvement Plan was provided to the Care Inspectorate and they recognised and endorsed the improvements that had been made to date. A key feature of the Improvement Plan and the actions taken was an emphasis on self-evaluation activity, including routine Social Work audits and ASP thematic audits. Practice development sessions were held to progress work in a number of areas including chronologies and risk assessments. There was also a redesign of some of the documentation used for recording ASP activity to allow for clearer and more consistent risk assessment and management.

The Care Inspectorate announced their plans for the continued improvement work around ASP and advised that a Progress Review programme would commence in August 2024 and would start with follow-up Inspections for those partnerships which had improvement actions from their Inspection. Accordingly, the ASP Leadership Group took on the role of preparing for the follow-up Inspection. This included regular multi-agency meetings to review the actions associated with the completion of the Improvement Plan, and, most importantly, ensuring that the actions taken could be clearly evidenced.

For continuity and governance following this yearly review of the post inspection improvement plan, any ongoing and outstanding tasks were embedded in the newly created APC improvement plan.

APC Improvement Plan

This reporting period also coincides with the tenure of the current APC Chair, who took on this role at the start of this biennial period. This brought a new focus for the APC, advancing the "business model" of the Committee and attempting to reduce the gap between Senior decision-making, decision-makers and the realities of the lives of people who are at risk of harm.

One of the Chair's first actions was to review the APC Sub-group structure. Following benchmarking, national canvassing and local questionnaires, the COG endorsed, and the APC agreed a new Subgroup format.

Key to the purpose and functioning of the Subgroups was ensuring that each Subgroup had a skilled, motivated, and supported Chair. This meant that the Subgroups were able to quickly take on the workstreams identified by the Committee.

Some of the key outcomes have been a renewed focus on the importance of engaging with people who have lived experience of ASP, an enhanced APC Improvement Plan which has clear actions and identifies who is leading on them with an emphasis on the trauma-informed approach to ASP practice.

The Communication and Engagement Subgroup led to the reinstatement of the Council Officer Forum and instituted a new "Second Worker Forum", which have been very well attended and have received very positive feedback. (On the back of these successes there are plans for a new ASP "Chairs" Forum). These forums are focusing on case studies to improve the delivery of services and recording practices through best practice guidance.

To better support new or recent members of the Committee, “APC induction packs” were produced, ASP leaflets were re-designed to incorporate QR codes that linked to a survey to enable people to give their views or relate their experience of ASP processes.

The new Chair also ensured that diverse organisations that engaged with or supported people who perhaps were, or could in the future be, “adults at risk of harm” had a clear link with the APC – these included the South Ayrshire Alcohol and Drugs Partnership, the “Missing People” charity, Horizons Research and South Ayrshire’s Trauma Network Group.

Joint Inspection ASP (JIASP) – Police Scotland

Following completion of the Phase 2 Joint Inspection Adult Support and Protection (JIASP) and a single agency report compiled from His Majesty’s inspectorate of Constabulary (HMICS), Police Scotland Adult Support and Protection Policy team carried out a review of the published findings and shared these with local policing divisions to support their local improvement plans highlighting areas of Police Scotland’s’ continuous improvement which has seen a series of system upgrades made to the Vulnerable Persons Database that support and facilitate improvement in information capture and sharing with partners.

These upgrades include system-based templates for capturing rational and decision making, improved supervisory oversight via mandatory questions and an automated escalation process, this has been complimented by updated guidance, business rules and training modules.

NHS Ayrshire and Arran. A Public Protection Health Service

NHS Ayrshire & Arran remain committed to supporting the APC in its functions and proactively support the healthcare workforce across acute and partnership services including independent healthcare contractors. Significant changes and progress have taken place during the biennial reporting period in line with national drivers such as the NHS Public Protection Accountability and Assurance Framework 2022 and the revised ASP Code of Practice 2022.

A move towards a public protection model mirrored developments being progressed nationally. In Ayrshire the revised Public Protection model aligned Child Protection, ASP, and Multi-agency Risk Assessment Conference (MARAC). In addition, close professional links have been strengthened with multi-agency public protection arrangements (MAPPA), PREVENT and gender-based violence (GBV).

The new Public Protection model has led to strengthened strategic leadership and governance. The recently convened Public Protection Executive Governance Group (PPEGG) provides strategic direction and oversight of public protection arrangements in NHS Ayrshire & Arran as well as providing assurance to the NHS Board that these arrangements are effective and appropriate.

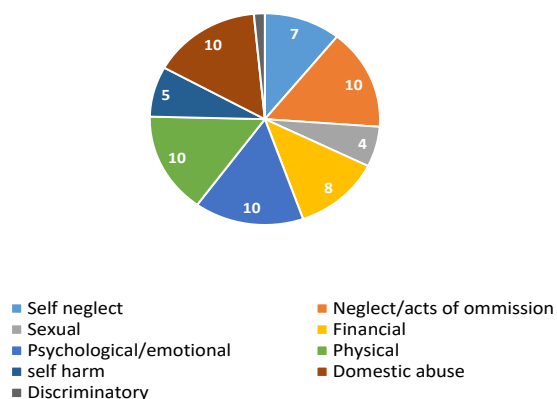
Advice and Support Service

An NHS ASP Advice and Support service was implemented on 01 August 2023. A workforce engagement activity highlighted a need for staff, who had an ASP query, to have easy and quick access to ASP advice and support.

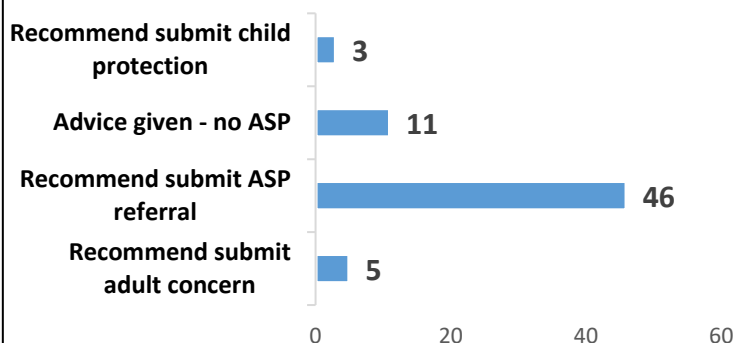
In the first 7 months of the service 92 calls were received by the team. The majority of these calls (71%) relate to queries where potential harm had been identified and the remaining 29% of calls were non-harm related e.g. information sharing queries, advice on ASP processes, legislation advice and requests for health information.

These tables provide more detail relevant to the calls.

Primary type of harm



Outcome of advice provided



Multi-agency risk assessment conference (MARAC)

A multi-agency risk assessment conference (MARAC) is the forum through which high risk victims of domestic abuse are discussed. Relevant information about current risk is shared between partners and a multi-agency risk management plan is created to address risks and increase the safety and well-being of the victim and their family, whilst also addressing the behaviour of the perpetrator.

Underpinning the MARAC process is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all have insights that are crucial to their safety.

The model for Ayrshire MARAC was influenced and shaped by the research and best practice guidance developed by *Safelives* - a UK-wide charity dedicated to ending domestic abuse.

The commencement of Ayrshire MARAC in August 2022 established MARAC processes across all local authority areas in Scotland.

In the first 8 months of operating the total number of cases discussed was: 292.

In the reporting year 01 April 2023 – 31 March 2024 the number of cases discussed was: 504.

Since going live, the top 3 criteria used in referrals was: Professional Judgement, Visible High Risk and Repeat, accounting for approximately 83% of total referrals.

The top 3 referral sources were: Police Scotland, Women's Aid and ASSIST, (Advocacy, Support, Safety, Information, Services Together – who support victims & survivors of domestic abuse) accounting for approximately 87% of total referrals.

Top 10 risk themes:

1.	Physical abuse
2.	Stalking and harassment
3.	Drug/alcohol use of the perpetrator of harm
4.	Coercive control
5.	Emotional/psychological abuse
6.	Strangulation
7.	Threats (non-specific)
8.	Threats to kill
9.	Recently separated
10.	Breach of bail conditions

Ayrshire Police Community Wellbeing Unit

The Community Wellbeing Unit has been introduced which operates over the three Ayrshires.

The Community Wellbeing Unit engage in partnership working with agencies such as Mental Health Services, Addiction services, Local Housing, Anti-Social Behaviour teams and third sector charities with the collective goal being to support those most vulnerable within our Community.

The department has recently been expanded to incorporate the Missing Person Co-ordinator who has responsibility for the education of 'Herbert Protocol' to operational officers and partner agencies.

ASP National Minimum Dataset

South Ayrshire was one of 5 "Learning Partners" on the Scottish Government / IRISS project to develop a national ASP Minimum Dataset.

The work involves not only the development of a set of nationally applicable indicators but also a workbook providing clear guidance to ensure a consistent interpretation and robust recording of the data.

The first return was completed for Quarter 3 2023-2024, with subsequent iterations being refined based on partners' feedback. This has been a very detailed and complex piece of work but is scheduled for completion over 2024-2025.

ASP Revised Code of Practice

The South Ayrshire APC has also been represented on the national work to implement the ASP Revised Code of Practice, taking part in both the overall national group and also on two of the four subgroups, with peers in North & East Ayrshire APCs being present on the other subgroups.

This work broadly reflects this biennial period, with the Revised Code being published in June 2022. In addition to the national work on the implementation, the Committee has also had to ensure that partners were aware of the changes the Revised Code of Practice made and were operating in a manner which reflected the new Code. ASP practice in South Ayrshire has meant that some of the key messages in the Revised Code of Practice have less of an impact. For example, while the Code emphasises the need for ASP practice to be trauma-informed, this has been the case in South Ayrshire for some time, with South Ayrshire appointing the first Trauma Informed Lead Officer in Scotland. This officer is a key member of our APC.

Equally, in South Ayrshire all parts of the ASP process require to be led by a Council Office but for those partnership areas where this is not the case it's likely that the Revised Code of practice will present some specific challenges.

Learning Reviews

In May 2022 the Scottish Government published the new "National Guidance for Adult Protection Committees Undertaking Learning Reviews". Consequently, through pan-Ayrshire collaboration ASP & Child Protection Learning Review Guidance was commissioned and created.

Following the death of a service-user in March 2022, the APC was advised that the case would be considered as the subject of an ICR. The Committee advised that this consideration should follow the newly published guidance. A Review Team was convened, Chaired by the newly appointed Independent Chair of the APC, the process of a formal "Consideration of a Learning Review" commenced. This concluded that there was neither a benefit from, nor requirement to, progress to a Learning Review. Some local learning points were identified, and these were shared with partners.

Although there have been a number of service reviews no formal Learning Review has been instigated over this review period.

Large-scale Investigations (LSI).

Protecting adults, children and young people is an inter-agency and inter-disciplinary responsibility and LSIs are an approach that is intended to bring agencies together within ASP processes where the level of risk and complexity warrants this. The APC has a role in informing and influencing local practice and in understanding learning from such events ensuring partners work collaboratively and consistently to support and protect our most vulnerable people.

The range of services involved may vary however as the ASP Code of Practice reminds us, all decisions relating to whether or not to proceed to an LSI should be taken on a multi-agency basis.

With the principle of a collaborative approach in mind the South Ayrshire APC expect and receive full cooperation between and across the partnership areas where there are considerations for an LSI.

With these principles in mind in 2024 together with our ASP colleagues in East & North Ayrshire we undertook and produced revised Ayrshire LSI Guidance.

This guidance applies to LSIs initiated by the three Health and Social Care Partnerships across North, East and South Ayrshire. It replaces the Pan Ayrshire LSI Guidance of November 2014 that were operable in the three Ayrshires until the adoption of this 2024 guidance.

This revised guidance has been locally adapted based on the West of Scotland ASP Network LSI Guidance 2023.

During this biennial review period there were 4 considerations for an LSI and 3 that were instigated. All were reported to the APC & COG.

In August 2022 Following a number of concerns that had been raised regarding a private care at home provider "H", it was agreed that an ASP LSI should be initiated.

The concerns included the death of a service user (following a fall during a moving and handling procedure), an allegation of assault by a member of care staff, an allegation of theft by a member of care staff, missed medication errors, care staff general conduct and failures to record food intake.

During the course of the Investigation, the Investigation Team and the Care Inspectorate identified a range of issues to be addressed with/by the provider: Leadership, Management arrangements, safe recruitment, and staff list notification, including working to ASP procedures, overall recording of support plans, including risk assessments, supervision, training needs analysis and training plan, quality assurance and action plans.

H were asked to develop an Improvement Action Plan. The Investigation Team and the Care Inspectorate worked together to support H with improvements. The HSCP also provided a significant level of direct support to assist in the delivery of the level and quality of service H were contracted to provide. However, in the course of the Investigation, Quality Assurance checks carried out by the HSCP identified further concerns around the same range of issues which had led to the initiation of the Investigation, and this was in spite of the significant support being provided.

Subsequent LSI assessments continued to see little improvement and little evidence of the capacity/motivation to address the issues identified by both the LSI and the Care Inspectorate.

Consequently, the service contract was terminated on 18th November, with the existing care packages were taken over by the HSCP with the majority of H staff being taken on by the HSCP under Transfer of Undertakings Protection of Employment (TUPE) agreements.

The Investigation was concluded on 29th November 2022, with the Investigation Team being satisfied that any adults who were at risk were now safe and protected. A number of learning points were agreed: In future, consideration should be given to having the Crown Office & Procurator Fiscal Service represented on the LSI Team.

Where an LSI is centred on a “care at home” service, earlier involvement of the “operational” side of HSCP Care at Home to consider their potential role in supporting the continuation of service delivery.

In any future LSI of community-based service-providers, all appropriate Service Managers should be included in the initial consideration of an LSI.

Consideration of the implications of potential TUPE requirements should be considered in the early stages of future LSI.

Associated with this, HSCP Managers should be provided with a TUPE learning and practice development opportunity to ensure that they are sufficiently knowledgeable to respond appropriately in any such future cases.

HSCP Managers and South Ayrshire Council Human Resources Managers should work together to explore ways in which a more flexible approach to establishing mutually agreeable contracts could be developed.

In October 2022, following a number of concerns that had been raised regarding the care and support provided by “F” Care Home, it was agreed that an ASP focussed LSI should be initiated.

At that point, there had been 9 ASP and Vulnerable Adult referrals, affecting 8 residents. In addition to these referrals, there were also a number of concerns raised by the HSCP Contracts & Commissioning Team. Issues to be addressed included reports of regarding neglect, maintenance and management of skin integrity, continence care, allegations of physical abuse / harm, medication errors and concerns about the standards of care being provided in some cases.

At the time the LSI was initiated the Care Inspectorate were carrying out their own Inspection of F. The care home was dealing with the aftermath of a cyber-attack on their information management system, which impacted on their recording of care planning, reporting and quality assurance processes. As a result, it was difficult for the Care Inspectorate to access records and formally review processes, procedures, and practice with no improvement plan in place and no formal audit looking at the standard of cleanliness. There were also significant staffing issues in respect to recruitment / retention and a lack of continuity, training, and guidance, in terms of care planning.

This LSI was carried out over a period of four months. The Investigation Team met regularly to address concerns and monitor progress and worked closely with the Care Inspectorate as they followed their own Inspection process.

The Investigation Team worked closely with the care home management team, providing direct support to tackle areas of improvement and meet the identified requirements from the Inspection. A Voluntary Moratorium was put in place to facilitate improvement actions and to ensure that there no additional unnecessary risks.

By February 2023 the Care Inspectorate advised that they had revisited F, the Management Team had been very open and co-operative and progressing requirements. There was a full graded inspection in April 2023 which provided an opportunity to demonstrate some sustained improvements.

The LSI acknowledged the provider was invested in working with the HSCP. People were no longer at significant risk of harm and the CI would continue to monitor progress on all the requirements being met. There was no need to continue with the LSI, although progress would continue to be monitored. The Investigation Team were satisfied that any adults who were deemed to be at risk of harm were now safe and protected.

Upon reflection it was noted that this LSI was a complex and intensive exercise. Its progress was very much facilitated by a strong multi-agency response, with all partners clearly sharing, and working towards, a common goal. Partners agreed that timeous action was action taken when concerns had been highlighted and shared. Once the LSI was initiated, regular meetings of the Investigation Team ensured that there was effective communication between the Team and the partners directly involved in the Investigation and providing support to the service. This enabled the Investigation Team to provide clear and appropriate support and direction.

The Investigation Team worked very closely with the Care Inspectorate as they carried out their Inspection and this facilitated effective oversight and monitoring of progress being made.

There were clear lines of communication and engagement between the Investigation Team and the care home Management Team, and this contributed to their positive engagement with the Investigation Team and the positive outcome of the LSI.

Police Scotland had not been notified of the initiation of the LSI. This was an oversight. In future, as a matter of course, Police Scotland will always be notified, and invited to attend, when an LSI Inquiry meeting is being convened.

In September 2023 an ASP focussed meeting was instigated to consider the instigation of an LSI in respect of 7 ASP referrals relating to concerns for residents' safety in "G" Care Home. The Care Inspectorate were the initial receivers about the concerns surrounding the wellbeing of residents, which included the delivery of care, increasing care needs and very low staffing levels. There had been 8 falls in the last 2 months which could have been prevented with appropriate staffing levels.

Together with the HSCP Care Home Review Team (CHRT) an initial unannounced visit took place. Management and the identified residents were interviewed. From an ASP / Care perspective identified extensive training on the use of AWIA legislation was required. (manager and others not aware of use of S47 or how to enact POA). Work was required on care plans to ensure they are person centred and give clear guidance to staff on the use of distraction techniques before using medication.

Training around ASP using the HSCP training schedule as well as Learn Pro which included Trauma Informed training, Training on Dementia, Training on managing challenging behaviour. Clear role definition to ensure staffing ratio only recorded care staff.

G now cares for six times as many people as when it was last inspected by the Care Inspectorate so the next step should be to mobilise the CHRT to go in and do a deeper dive around processes and procedures, to look at providing the Care Home with a benchmarking action plan.

The APC and LSI consideration Meeting agreed that it was clear the Care Home needed support in terms of training and staff also need clear role definition and training in completion of case notes and care plans.

Although there were clearly ASP risks, primarily there were issues in the quality of care, but there were not sufficient ASP concerns to justify an LSI. Nevertheless, the group received confirmation that everything contained within the complaint has been addressed.

In October 2023 an LSI was commenced into "K" Care Home.

K had initially been placed under a moratorium in August following an inspection by Care Inspectorate.

At that time the care home had 3 weak scores: supporting people's wellbeing, leadership, and care and support planning, and the care home was required to address concerns such as nutrition/hydration care, assessment, care planning, staff training, communication, medication management, quality assurance and leadership & management.

During this time the HSCP Care Home Professional Support Team and Locality Community Health and Care Team provided input and support to the care home through facilitation of training and supportive discussion and actions focussing on the delivery of improvement plans but unfortunately concerns remained.

In September a follow up Care Inspectorate visit took place where it was noted that the care home had met only one of the Requirements. The K Home manager resigned. An Improvement Notice was issued.

At the time of the LSI commencing there were 28 residents within the care home all managed within South Ayrshire, with South Ayrshire Council legal guardianship in place for one care home resident.

In order to ensure a multi-agency response an LSI Investigation Team were identified, and an LSI oversight group commenced.

The LSI process included representation from key partners to help review concerns raised, identify improvements required and work with the care home to implement changes.

Terms of reference with five key objectives were agreed for the LSI:

The Partnership to review resident care needs, to review staffing roster, provide immediate on-site support to ensure quality of care and develop and support improvement actions, develop contingency plans to minimise the risk to residents in the event that the home closes, consideration to broaden scope of investigation once baseline of care delivery and areas for improvement identified.

Throughout the LSI process the Investigation Team and multi-agency partners worked closely with the Care Home Review Team to address the 5 objectives, to ensure the safety of residents and to support with necessary improvement measures.

In March 2024 in conjunction with a revised Care Inspectorate progress inspection that indicated that K had met their outstanding requirements and received adequate grades, the LSI was concluded.

The care home had a comprehensive service Improvement Plan in place that was maintained on an ongoing basis. This was line with the thirteen requirements that were set out by the CI, and also met with the objectives of the LSI.

The positive progress in the Care Home was recognised by partner agencies involved in the LSI and reflected in the decision to discontinue the investigation. Despite the conclusion of the LSI the HSCP will continue to work closely with the Care Home Team to support ongoing progress and sustainability.

Upon reflection there had been positive collaboration and relationships between all agencies and care home. There was a no-blame approach and a responsive approach to needs. There had been a good use of reflection as an aid to learning and improvements, with an inclusive approach to the LSI, for example, the new care home manager being invited to the LSI Oversight Group. Personal development occurred with the facilitation of ASP training and access to workshops for the care home team.

Overall, the principles set out in the national framework provided a good values base.

<u>LSIs</u>	<u>2023-24</u>
<u>Local Authority Comparators</u>	<u>Per 100k Adults</u>
South Ayrshire	1.1
Dumfries & Galloway	2.4
Clackmannanshire	0
Fife	3.9
West Lothian	0.7

ASP Audit activity

Following the work undertaken in preparation of the “Position Statement” for the ASP Inspection, and the recommendations made in the 2021 ASP Inspection Report, a schedule of ASP Audit activity was developed. This mainly focused on the audit of Social Work ASP activities and processes (reflecting the Inspection Report) but also included multi-agency audit, working with NHS Ayrshire & Arran and Police Scotland.

Audit activities are informed by (and feed into) the ASP Improvement Plan, the APC’s review of the ASP Quarterly Performance Report, the findings of other reviews, concerns or issues raised in individual ASP cases. A series of post-Inspection audits have been carried out, with the results/findings reported to the APC and shared with the HSCP Health and Care Governance Group. One such audit is detailed below.

Further regular audits, including multi-agency audit will be carried in future and reported to the APC and shared with the Health and Care Governance Group as appropriate.

A schedule includes proposals for multi-agency audit activity (as discussed with Police and NHS A&A).

2024-2025	
May	APC Quarterly Performance Report (Q3 2023-2024) National Quarterly Reporting Data (Q4 2023-2024)
June	Single-agency (Social Work) Chronology Audit
July	ASP Case Conference Invitation/Attendance Audit
August	APC Quarterly Performance Report (Q4 2023-2024) National Quarterly Reporting Data (Q1 2024-2025)
October	APC Chair’s Biennial Report (2022-2024) ASP Protection Plan Audit
November	APC Quarterly Performance Report (Q1 2024-2025) National Quarterly Reporting Data (Q2 2024-2025) AP2 (report on Inquiry with the use of investigatory powers) Audit; to include cases which <u>did not</u> progress to ASP Case Conference
February	APC Quarterly Performance Report (Q2 2024-2025) National Quarterly Reporting Data returns (Q3 2024-2025)
2025-2026	
March	Multi-agency Case-file Audit (Self-harm)
May	APC Quarterly Performance Report (Q3 2024-2025) National Quarterly Reporting Data (Q4 2024-2025) <i>Additional thematic audit activity</i>
August	APC Quarterly Performance Report (Q4 2024-2025) National Quarterly Reporting Data (Q1 2025-2026) <i>Additional thematic audit activity</i>
November	APC Quarterly Performance Report (Q1 2025-2026) National Quarterly Reporting Data (Q2 2025-2026) <i>Additional thematic audit activity</i>
February	APC Quarterly Performance Report (Q2 2025-2026) National Quarterly Reporting Data returns (Q3 2025-2026)

Audit of ASP Case Conferences

As previously alluded to following the publication of the Care Inspectorate report on the Inspection of ASP in South Ayrshire in September 2021, an ASP Improvement Plan was produced to address identified issues and areas for development. As part of this plan, it was decided an audit of invitations to, and attendance at, ASP Case Conferences be carried out. This was based on concerns raised by the Care Inspectorate regarding attendance and participation of key partners Health & Police. This initial audit focusing on Quarters 3 & 4, 2021-

22 found that of the 16 Case Conferences audited, 14 had been convened by the Adult Mental Health Social Work Team and 2 had been convened by the Learning Disability Social Work Team. None of the locality Social Work Teams had had any Case Conferences in the audit period. The findings and recommendations were reported at the APC. Included in the recommendations was a proposal that a further audit should be carried out to check for evidence of improvement.

It was agreed that all ASP Case Conferences held in 2023-24 would be reviewed, It was also agreed that the focus of the audit would be on Initial Case Conferences.

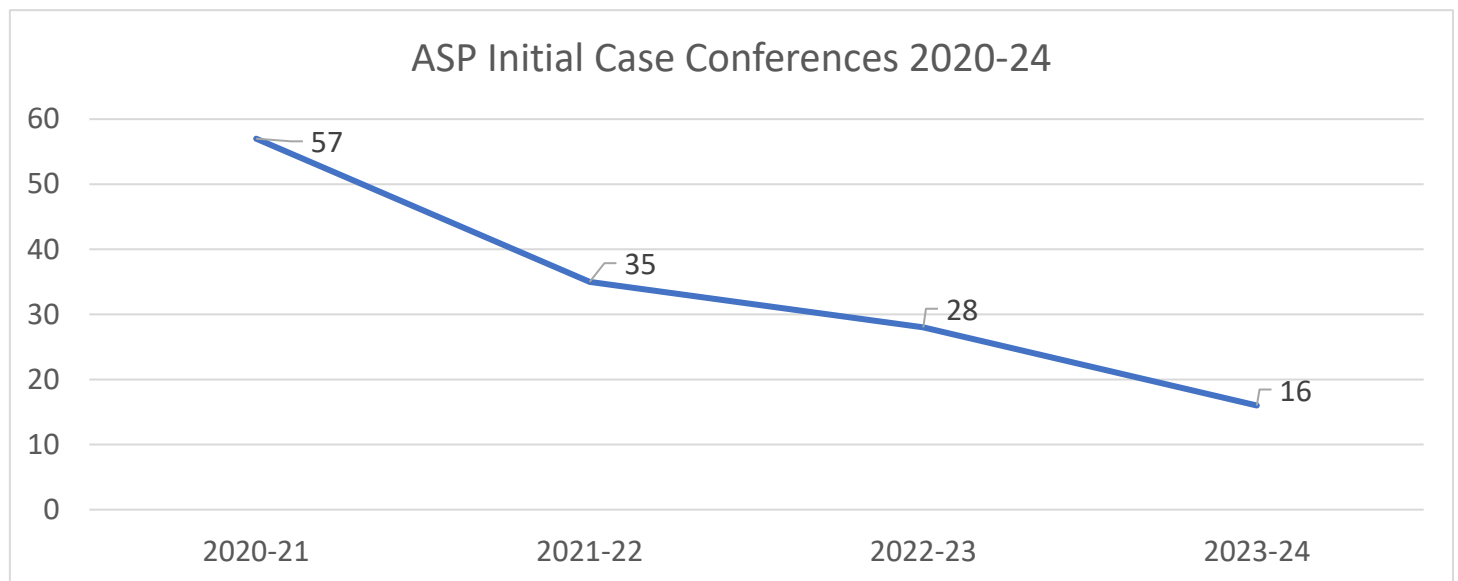
The number of initial Case Conferences taking place in the year was 16. This is the same number that had taken place during the two Quarters that were considered in the initial audit.

As with the initial audit, the main focus was invitations to, and attendance by, representatives from Police and Health. The audit recognised the latter as a diverse range of disciplines and specific consideration was given to GPs.

The full range of invitees and attendees were:

The adult at risk of harm, Police, Health, GP, Legal Services, Housing, Advocacy, any legal proxy, the adult at risk's partner, family and / or carer, informal (non-statutory) support services, Scottish Fire and Rescue Service, Justice Services.

The audit looked at the relevant records for all ASP Initial Case Conferences which took place across 2023-24 This was a total of 16 Case Conferences. This reflects the general trend in the reduction of Case Conferences evidenced over the last four years, during and post pandemic:



Of the 16 Case Conferences, 8 (50%) had been convened by the Mental Health Social Work Team. (In the previous audit this had been 87%). 4 (25%) had been convened by the Learning Disability Team. (In the previous audit this had been 12%). Of the remaining 25%, 3 had been convened by the Maybole/Girvan Team and 1 by the Ayr South Team. (In the previous audit there had been no Case Conferences across the locality Teams).

With the continued focus on lived / care experience engagement it was encouraging to note that the adult at risk was invited to all-but-one Case Conference (94%) however only attended 33% of them (a reduction from 44% in the previous audit).

Police were invited to attend 8 (50%) of Case Conferences. This is an increase from 38% in the previous audit.

Police attended 38% of the Case Conferences to which they were invited – this is a slight increase from 33% in the previous audit and submitted a report for one Case Conference.

Health were invited to 75% of Case Conferences – this is the same as in the previous audit.

Partners from “health” attended 83% of Case Conferences to which they were invited – this is a significant increase from the 58% attended in the previous audit.

Legal Services were invited to 62% of case Conferences and attended 80% of these.

Housing were invited to 62% of Case Conferences and attended 70% of those they were invited to.

GPs were invited to 19% of Case Conferences but did not attend any.

Advocacy services were invited to 56% of Case Conferences and attended 78% of these. In the previous audit, Advocacy were invited on 3 occasions (19%) and attended once (6%).

In 25% of cases, there was a legal proxy in place, and they were invited to the Case Conference and attended 75% of them.

In almost all cases (15 out of 16), informal supports were in place and were invited to attend the Case Conference and attended in 80% of cases.

The Fire & Rescue Service were not invited to any Case Conferences as it was not considered appropriate. (In the previous audit they only attended in respect of one adult at risk of harm).

All Case Conferences, with one exception, were attended by partner agencies. (In that one case, a brief review of the specific circumstances of the case showed that this was understandable and did not impact on discussions around the risk of harm).

13 of the Case Conferences (81%) resulted in an ASP Plan being agreed and progression to a Review Case Conference. In 2 cases (12%) it was agreed to progress or continue support under Care Management. In 1 case it was agreed that no further action was required or of benefit.

In view of the continuing reduction in the number of Case Conferences being convened further self-evaluation activity will be carried out to progress understanding of the decision-making process around whether or not an ASP Investigation progresses to an ASP Case Conference. This could also include inquiry into a similar decline in the number of ASP Planning Meetings.

This self-evaluation activity should also focus on the developing a better understanding of the reasons for the low incidence of Case Conferences across locality Teams.

This self-evaluation activity may be best carried out as workshop-based practice development discussions with Social Work Team Leaders to consider risks, thresholds, and defensible decision-making.

Training, learning and development.

(Suggested page count: 3)

The Practice Development Team introduced an annual Public Protection Training Calendar to increase accessibility of learning opportunities and to aid the planning of staff, practitioners, and teams in meeting their learning needs.

The training calendar hosts our offer of Adult Support and Protection training where there have been a number of developments across the reporting period. We developed a Training and Development webpage on the Health & Social Care Partnerships website which can be accessed here: [Practice Development Training](#) to provide all members of the workforce with increased information on the content of learning and development courses available.

We have also submitted two training courses, Adult Support and Protection Level 2 and The Role of the Second Person in ASP, to undergo a rigorous independent assessment process to be recognised and accredited as training that meets the learning value and structure of Continuous Professional Development learning events.

6 ASP training courses were available during 2022-24 with a number of new courses being developed and piloted. The Role of the Second Person in ASP was revised to include a skills practice component which has been a beneficial addition to the course, allowing participants the practical experience of performing the functions of the Second Person within a training setting.

We also introduced “Crossing the Acts” which enables staff to explore the crossover between Adult Support & Protection (Scotland) Act 2007, Adults with Incapacity (Scotland) Act 2000 and Mental Health (Care & Treatment) (Scotland) Act 2003 and Council Officer Refresher training to allow experienced Council Officers to update their knowledge, skills and understanding of the key functions of this role.

4 cohorts of pan-Ayrshire Council Officer training were delivered to enable qualified Social Workers to take statutory measures under the Adult Support and Protection (Scotland) Act 2007. These 4 day courses were undertaken by 18 Social Workers and 1 Mental Health Service Manager from our HSCP, and included a bespoke cohort specifically tailored to the needs of Justice Services. There are now 80 Council Officers within our HSCP.

We have also planned for the delivery of 3 bespoke Trauma Enhanced Practice Level 3 courses specifically for Council Officers, in line with the renewed emphasis on Trauma Informed Practice within the ASP Code of Practice.

We also provided a number of bespoke ASP learning events. This included 10 bespoke sessions delivered to Police Scotland Ayrshire Division between February and April 2023. These inputs delivered across Ayrshire, were attended by 163 officers across front line groups, Local Policing Teams and the Public Protection Unit and aimed to enhance partnership working and facilitate more effective safeguarding of adults at risk of Financial Harm.

In late 2023 we collaborated with our colleagues in North and East Ayrshire to increase our offer of ASP training by developing selected training courses to be delivered on a Pan-Ayrshire basis. These courses include Crossing the Acts, the Role of the Second Person, and Council Officer Refresher training.

Adult Support and Protection Training Figures*

Training Course	Number of courses	Total Participants
ASP Level 1	18	171
ASP Level 2	7	40
Role of the Second Person	5	32
Crossing the Acts	1	10
Council Officer Refresher	1	11
Council Officer Training	4	19
Total	36	283

*Please note due to the Learning Management System change from LearnPro to Coast in 2022, these statistics are based on the information available.

Adult Support and Protection Qualitative Feedback

“This will help greatly in my role as a Learning Disability Nurse. I have been part of the ASP process and would have benefited from the training before”.

“Scenario based work helps retain the information”.

“...easily translate a complex subject into easily manageable chunks”.

Health Learning & Development

Education, learning, and development arrangements support all NHS (A&A) employees, local GP practices, and independent contracted practitioners in their public protection roles and responsibilities (Exemplar 6, NHS Public Protection Accountability and Assurance Framework 2022).

A tiered approach to Public Protection learning supports staff to have the right combination of skills, knowledge, attitude, and values necessary for safe and effective Public Protection practice, no matter where in the workforce the staff member works.

NHS Ayrshire & Arran mandatory and statutory training (MAST) requirements for all staff include the NES online module ASP practice level 1 (informed) completed at induction and 3 yearly thereafter. For some roles in the general workforce the NES online module ASP practice level 2 (skilled) is a requirement also.

Staff in the Specific and Intensive workforce groups are recommended to complete NHS ASP level 3 training. These staff are in roles which mean they are frequently involved with public protection processes. NHS ASP level 3 training commenced from June 2024.

Police Training

Since the inception of the Adult Support and Protection (Scotland) Act 2007, demand on Police Scotland has steadily increased, presenting significant policing challenges, in addition to an increased need to adapt our approach to how we manage, investigate and work alongside partner agencies to ensure adults at risk of harm receive the necessary support and intervention.

The 2017 HMICS Adult Support & Protection Thematic Inspections identified disparities in knowledge and awareness of ASP across Police Scotland.

Recognising this and contextualising it against the changing demographic in relation to our aging population Police Scotland developed bespoke ASP training taking on two forms:

A national online training package 'Protecting Adults at Risk of Harm' went live in April 2022 with a revised package launched in August 2023 providing an overview of ASP and police responsibilities including increasing awareness of types of harm to consider.

A two day in person training course run at the Scottish Police College which aims to create a cadre of officers with enhanced ASP knowledge across the force who are both equipped and readily available to provide advice, support and assistance to colleagues undertaking ASP related enquiries and investigations.

This training has been developed to incorporate inputs from external partners with specialist knowledge in the ASP arena. This is still in a pilot phase and is being assessed for duration, content, and suitability through attendees' feedback.

Engagement, involvement, and communication

(Suggested page count: 3)

Over this period, the APC began to alternate meeting arrangements between in person and online via Microsoft Teams.

The APC recognises the rise in poverty, the cost-of-living crisis, and increases in demand for services over the last two years. The APC asked the question, "was its multi-agency structure universal to encompass views and contributions from across all sectors"?

We developed the composition of APC, ensuring all members actively contributed to debates, assessments, and decisions that would improve the safety of adults at risk of harm in South Ayrshire, ensure that adults are listened to raising awareness of adult protection and any emerging threats to wellbeing.

The APC also focussed on providing an integrated approach to the development of adult protection policy and practice, ensuring our staff are confident and competent, developing an environment to encourage continuous improvement through audit, review and expansion of trauma informed focused practice.

Our increased enhanced membership remains flexible and accessible to welcoming the relevant personnel to encourage effective oversight and learning from practice, locally & nationally.

Through an environmental scan process, we have secured additional memberships from the third sector interface, Voluntary Action – South Ayrshire, (VASA), which fulfils a key role ensuring continued development of a robust third sector in South Ayrshire, with important links to community forums.

The dedicated South Ayrshire Trauma Informed Practice Officer, the Lead Officer from the Alcohol and Drug Partnership (ADP), Community Planning, NHS 24, Multi-Agency Risk Assessment Conference (MARAC) that provide clear links to the highest risk domestic abuse cases, as well as seeking contributions for another vital emergency service experiencing first-hand the effects of vulnerable adults and ASP, the Scottish Ambulance Service based in Ayrshire.

This additional participation and contribution have widened the scope of opinion and development in the respective APC business.

As a consequence, additional monthly meetings have been established with ADP.

In that regard the APC were involved with the ADP commissioned Horizon Research study into *Adults With Multiple and Complex Needs*. What happens to adults who don't meet the three-point test? Is there, should there be, a role for social work in these cases? How can the system respond better to disengagement?

Together with the ADP the APC seeks to progress the recommendations from this study outlined further in this report.

The APC further developed its recording procedures for Learning Review considerations and built defined links with the NHS Adverse Events Review Group Reports, ensuring transparency, and the avoidance of repetition whilst identifying cross cutting themes.

The APC encourages the engagement with Lived & Care experienced Voices. We have created a standing agenda item –Case Studies. This input is a lead agenda item at the quarterly meeting, and we have developed a person-centred approach, having already heard from, Circles Advocacy, Community Mental Health Team, and through our links to Practice & Development and VASA, we encourage greater participation in this evolving programme.

A priority was also to ensure ASP information could be more widely and readily available and accessed by practitioners, communities, and families. We believed this would ensure consistency in safeguarding the most vulnerable adults in South Ayrshire.

We are heartened by the progress we have made in this area.

We have provided local online & conventional media responses to support national ASP awareness days. We have produced Adult Protection leaflets outlining the processes, in various formats including larger print, audio, braille, and differing languages. This literature provides a QR code seeking views from all those we engage with, and a link to the revised dedicated ASP website.

We have supported and contributed to the website:

[Adult Support and Protection - Health and Social Care Partnership \(south-ayrshire.gov.uk\)](https://www.south-ayrshire.gov.uk/adult-support-and-protection-health-and-social-care-partnership)

Which includes links to accessing support, procedural guidance, and best practice through case studies.

Challenges and areas for improvement

(Maximum page count: 4)

Like many other areas the APC in South Ayrshire identifies the increase reports of Vulnerable Adult and ASP referrals. Recognising our own demographics with an ageing population with thirty-three care homes, yet deprivation (40% of the population of Ayr North are claiming out-of-work benefits compared to the average of 16% across Scotland), addiction (Hospital alcohol admissions in some parts of Ayr are almost ten times those in other parts), and the impacts on those using and the supply of differing services and support are consistent challenges.

We receive detailed quarterly reports on Community Risks & Mitigation planning particularly around recruitment, turnover, staff retention, as well as focussing upon those in hospital awaiting a Social Work assessment or Social Care support, that provides transparency and greater scrutiny.

It has been a particular challenge to develop systems across Services & HSCP that encourage the early identification of ASP concerns.

The APC seeks to reinstate the pre Covid role of a dedicated Learning & Development Officer providing greater focus upon multi-agency training and networking opportunities for knowledge sharing, developing a more robust quality assurance & self-evaluation framework which involves partnership engagement.

The continued improvement action plan influenced by the 2021 ASP Inspection was incorporated into the wider APC improvement action plan to maintain focus and direction.

The variances in referral criteria also remains an area of focus, with continued dialogue and engagement via case studies at Care Home Focus Groups, Council Officer & Second Worker Forums, seeking consistency in risk thresholds.

As an APC we secured early participation in the National Missing Persons Framework Implementation Project. A workshop took place supported across the services who were directly or indirectly involved in supporting missing adults and their families.

Funded by the Scottish Government the programme offered consultancy, training and best practice sharing which was viewed as a significant asset to our multi-agency processes in this vital area.

In that regard we secured bespoke missing person data for our own area. The work around return interview processes and a defined protocol continues.

Looking forward

(Maximum page count: 2)

The APC seeks the continued enhancement of the ASP profile and its accessibility across the South Ayrshire Public Protection Framework, ensuring collaborative continuous improvement by evaluating the effectiveness and efficiency of ASP services.

As previously mentioned, the APC and ADP engaged with Horizon research to assess what occurred to Adults with Multiple and Complex Needs in South Ayrshire.

The APC will support the recommendations of this study that includes building relationships with other practitioners across disciplines and services, to improve knowledge and skills, encouraging multi-agency working and approaches to be able to better support people with multiple needs.

Against competing demands, promoting business continuity across a relatively new APC framework is a priority. We plan to establish an ASP newsletter providing practitioners with best practice, local ASP issues, publication, guidance and consultation references and links. Reaching and tailoring to a wider audience would be an ultimate objective of this exercise.

Recognising the specific demographics in South Ayrshire, with our largest population group being 45–64-year-olds, 27% of our population is over the age of 65 and this that is expected to increase by almost 7% by 2028. The 75 and over age group has seen the largest percentage increase of 40%, and this is projected to increase further by around 27% in the next ten years. 52% of our population are female.

Overlaying this data with national findings we note that adults at the centre of ASP inquiries using investigatory powers indicates notably towards older females, (22% higher for women – significantly greater than the gap between genders) and suggest that people aged 85+ are eight times more likely to be the subject of such an inquiry using investigatory powers than those in the 16-64 age group.

(We also note and welcome that for the first time the national minimum dataset now also includes both 'trans or non-binary' and 'prefer not to say' as gender categories).

Drawing reference from these figures clearly indicate to the APC that ASP referrals are unlikely to plateau in South Ayrshire in the short term, and the demands for services will test the current operating model.

It will remain the APC's core function to ensure there remains a cohesive environment to support the functions of all services to enhance safeguarding of adults at risk in South Ayrshire.

With the aforementioned in mind, we will continue to pursue ways to engage and consult adults with lived experience of trauma and ASP. We will develop a multi-agency self-evaluation framework, crucial in identifying areas for improvement.

We plan to create a new ASP Strategy and the methodology for commissioning this work that will include the participation and influence of lived / care experience voices.

The APC welcomed revised guidance on LSIs, particularly around definitions. We support the progression of Pan-Ayrshire guidance in this area, and as alluded to in this report, the APC continues to participate in, and receive information on LSI considerations and outcomes.

The APC understands additional advice is expected and as previously highlighted, identifies a need to support both care providers and referrers in understanding reporting thresholds, the 3-point test, and what their role would be in adult protection inquiries (with investigatory powers) Learning Reviews and LSIs.

Having participated in the production of Pan-Ayrshire APC & CPC Learning Review Guidance, we would welcome revised guidance on Learnings Reviews, particularly around the absence of Initial Case Referral (ICR) procedures, as the current system can be a challenge at times.

In this regard we warmly welcome the development of a significant national asset - the IRIS Knowledge Hub, which we will support and contribute to.

A key function of the South Ayrshire APC is to ensure that there is a sufficiency of appropriate learning and practice development opportunities for all APC partners. This includes not only statutory partners (Local Authority, Police Scotland and NHS Ayrshire and Arran) but also third and private sector partners including Advocacy & Voluntary Action South Ayrshire (VASA), all active members of the APC.

The APC has a responsibility to identify learning and practice development needs relevant to keeping South Ayrshire adults at risk safe and protected and ensuring that there are appropriate and sufficient resources and measures in place to meet these needs. We recognise that there are more opportunities to facilitate and participate in multiagency learning events. The APC endorsed a proposal to seek the creation and appointment of a dedicated Learning & Development ASP Officer, providing a direct input to service providers in their own

settings, encouraging engagement, enabling practitioners, ensuring that they had effective preventive measures in place and also that they could be confident that they had effective processes in place to respond to concerns regarding adults at risk of harm.

Wherever possible, we will remain vigilant, committed to ensuring our services are robust and withstand scrutiny at inspection.

Safeguarding our policies and processes, identifying, and addressing strategic, knowledge or skill gaps will remain a key function of the APC and its subgroups.