



**South Ayrshire
Adult Protection Committee
Biennial Report
2016-2018**

October, 2018

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Executive Summary

This Biennial Report on the work of the Adult Protection Committee in South Ayrshire shows continued progress on the development and effective implementation of policies, procedures and systems designed to minimise the risk of abuse to adults. It also highlights a continuing commitment to the training of professionals and staff in all agencies across the sectors, thus ensuring that staff have the knowledge and skills to recognise and effectively deal with potential and actual abuse.

During the two year period covered by this report there has been a continuing upward trend in the number of adult support and protection referrals received. In 2016-17 the number of referrals was 885, an increase on the 845 received in the previous year. In 2017-18, the number received increased by a further 71 to 956.

There have been a number of key developments during this reporting period including the creation of the Concerns Hub which was established in January 2017 to deal exclusively with “vulnerable adult” and “adult at risk” referrals from Police Scotland. Efforts have been made to provide greater awareness of ASP issues at the Acute Hospitals and training has been provided to hospital staff as one of a number of steps designed to increase referrals from this source. Work continues to assess the impact that greater choice and control in the provision of social care, through the Self-Directed Support policy, may have in terms of Adult Support and Protection referrals and issues. Other on-going areas of focus for the APC are in relation to human trafficking, financial harm and ensuring sufficient access to independent advocacy.

Learning from previous activity has continued to be a priority for the APC and during the period of this report, there has been a range of self-evaluation, practice review and quality assurance activity. Findings have also been reported and are included in this report from Serious Case Review work undertaken.

David Cumming stood down as Independent Chair of the Adult Protection Committee at the end of 2017-18 and has been replaced by Professor Paul Martin CBE.

Professor Martin’s appointment provides an opportunity for the APC to review the work that it has undertaken in recent years, to further build on strengths and to address areas that have been identified for improvement. This will include the creation of four new inter-agency sub-groups which will support the work of the main Committee in areas such as communication and awareness raising, self-evaluation, training and policy and practice.

It is intended that this renewed focus on these areas will lead to improved quality assurance for local communities and for governance groups through continuous improvement and clear outcomes, linked to effective business planning.

A Forward Plan picking up on on-going work identified in this Biennial Report is included at the end of document.

The 2016-18 membership of the South Ayrshire Adult Protection Committee is included as an Appendix to this report.

Section 1: Background

This is the fifth Biennial Report by the Convener of the South Ayrshire Adult Protection Committee (APC).

The Committee continues to carry out its strategic oversight of services for adults in South Ayrshire. It evaluates their effectiveness in assessing risks to vulnerable individuals and in arranging services, which in partnership, aim to mitigate those risks, result in good outcomes, thus enabling individuals to live independently within their communities.

Since the commencement in 2009 of the Adult Support and Protection Act, there has continued to be year on year increases in referrals. The rate of increase at the previous Biennial Reporting period, 2014-16, was 190%. Over the last two years there has been a continuing upward trend in referrals. Whilst this certainly is challenging against a frontline workforce practicing within the limits of existing resources, it does reflect an increasing awareness by the Public and Third and Independent Sector services of the dual issues of independent living opportunities and corresponding harms which can also be present for some especially vulnerable people. It also challenges services and staff team to consider different approaches to care and support.

The Committee has carried out several Initial Case Reviews (ICRs), which in some situations have been taken forward to more detailed examination of risks in Significant Case Reviews (SCRs). The more detailed reviews have identified some key learning points which are outlined later in this Report and which are aimed at further risk reduction through procedural changes in services, achieved through a combination of training and awareness raising. The ongoing challenge has been to encourage new joint approaches which recognise that someone who is in regular contact as a neighbour or in some capacity, which appears peripheral to direct care, is in fact a key person for an individual who might otherwise be isolated and potentially vulnerable to exploitation.

There has been some heightening of risk in areas of financial harm which reflects similar experience in other parts of Scotland and the advances in local partnership working across private banking and legal services have been positive, but still require some greater policy direction nationally.

A further positive development has been the changes made in acute services, such as Accident and Emergency, in each of the 2 major hospitals, locally. These have benefitted from additional training for ward staff on account of a reduction in patient time spent on admission in the Emergency Department with a corresponding longer time in wards, all of which allows more consideration of any potential risks to an individual. The training that has been provided will also help Emergency Department staff to increase the number of ASP referrals being made from this source.

Referrals from the Police have continued to be the main area of ASP initial referrals and the introduction of an Adult Concerns Initial Response Team (ACIRT) has enabled more focussed joint interventions and resulted in earlier improvements in outcomes. Recorded referral rates suggest, as a result of the success of the ACIRT Team and their close working with Police Scotland at the Concerns Hub, that the proportion of referrals received from Police Scotland has been decreasing.

It is important to recognise, at this most difficult period of economic stringency which is challenging frontline services, that partnership working is well evidenced and that key priorities remain joint and not pulled back to those of individual policies and working arrangements.

Section 2: Governance Arrangements

Vision Statement

The South Ayrshire Adult Protection Committee is committed to promoting public awareness of any harms affecting vulnerable adults and to working in partnership with all agencies within the wider community to support and protect any individual who may be vulnerable to any form of harm in South Ayrshire.

The work of the APC can be summarised by means of the following:

Aims of the South Ayrshire Adult Protection Committee

- Improve the safety of adults at risk of harm in South Ayrshire.
- Ensure that adults at risk of harm are listened to.
- Raise awareness of adult protection and any emerging threats to individual wellbeing.
- Provide an integrated approach to the development of adult protection policy and practice.
- Ensure staff are confident and competent.
- Ensure continuous improvement through audit and review of professional practice.

Objectives of South Ayrshire Adult Protection Committee

- Develop policies and strategies to promote the wellbeing of vulnerable adults and to involve them.
- Develop systems which identify concerns emerging from data and performance.
- Guide significant case reviews and oversee the implementation of learning.
- Develop, design and deliver education and training programmes.
- Create policies for information sharing across partners.
- Monitor, audit and review the implementation and impact of policy.
- Monitor performance and report to Scottish Ministers on progress against national priority workstreams.
- Oversee the publication of public information to promote understanding of adult support and protection in local communities.

Local Governance Arrangements

The South Ayrshire Adult Protection Committee is one of several partnerships which have responsibility for public protection. The others include:

- South Ayrshire Child Protection Committee.
- South Ayrshire Alcohol and Drug Partnership.
- South Ayrshire Violence against Women (and Children) Partnership.
- Multi agency Public Protection arrangements.

Chief Officers Group

The present governance arrangements for the APC are directly to the Chief Officers Group for Public Protection (COG). The COG comprises of the Chief Executives of South Ayrshire Council and NHS Ayrshire and Arran and the Commander for Police Scotland. The COG also comprises the Executive Group for reporting to the Community Planning Partnership (CPP).

Adult Protection Committee

The South Ayrshire Adult Protection Committee (APC) meets quarterly and also reports quarterly to the COG. The full membership of the APC is shown at Appendix 1.

South Ayrshire Health and Social Care Partnership

The South Ayrshire Health and Social Care Partnership which comprises community based health and social care services for adults and children, is governed by the Integration Joint Board (IJB). The IJB Chief Officer is also the Director of the Health and Social Care Partnership. The Chief Social Work Officer provides professional advice on all Social Work services and practice to the IJB, South Ayrshire Council, the Chief Officers Group and the Adult Protection Committee. The IJB is supported by a Performance and Audit Committee and by a Health and Care Governance Committee.

APC Sub Committees

In 2016-18 the APC was supported in its work by two Sub Committees:

- **Practice Review Group** - Chaired by a senior manager from South Ayrshire Adult Care Services and with membership from Health and Legal and Democratic Services. This Group focuses on individual cases which can be referred when there is the possibility of the identification and dissemination of learning opportunities for practice development. This will typically (but not exclusively) involve cases which have been the subject of an ICR, but have not progressed to an SCR.
- **Internal Training Forum** - includes Council Officers from across SA HSCP who meet as a short life group to assist, inform and support training updates such as Council Officer refresher training which reflects an innovative approach across the Partnership.

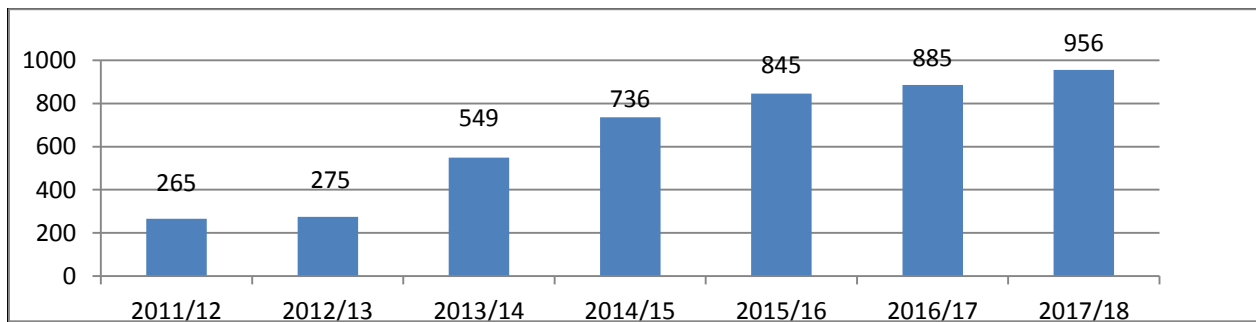
Pan-Ayrshire Training Sub-Committee

This Pan Ayrshire Group is hosted by North Ayrshire APC and chaired by Police Scotland. Membership is drawn from ASP Development Officers and other professionals across Ayrshire, including NHS Ayrshire and Arran Acute Services. This Committee addresses core and additional training needs of the multi-agency workforce, with some courses delivered by individual HSCPs, but also promoting Pan-Ayrshire access opportunities.

Section 3: Information and Activity

The following diagrams provide an overview of adult support and protection activity in South Ayrshire during the period of this Biennial Report and where applicable compares this with activity in earlier years.

Figure 1: Annual Adult Protection Referrals



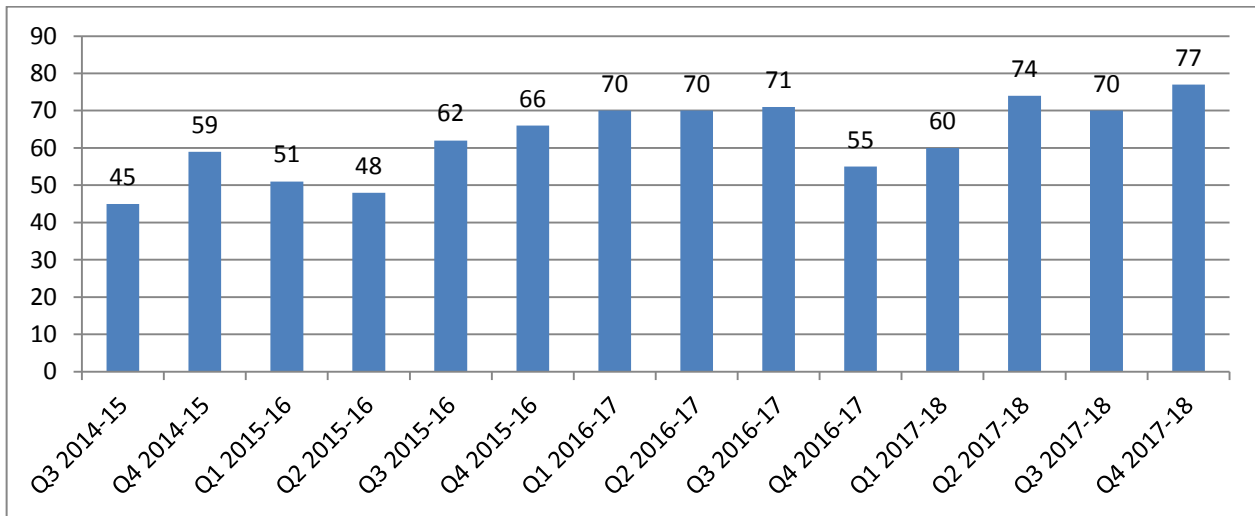
Adult protection referrals are in South Ayrshire those referrals to Adult Community Care Social Work and Health Teams, deemed by the team leader to be “adult protection:” i.e. likely to meet the 3 point test required by legislation.

Referral activity has increased year on year with an overall increase of 265% between 2011/12 and 2017/18. Over the past year there has been an 8% increase in referrals.

A summary of key Adult Protection activity and trends is noted below:

Management Information	2015/16	2016/17	2017/18	Trend
Number of Adult Support and Protection Referrals	845	885	956	↑
Number of Case Conferences	194	220	157	↓
Number of Vulnerable Adult Referrals	720	772	815	↑

Figure 3: Percentage of Inquiries completed within 5 working days.

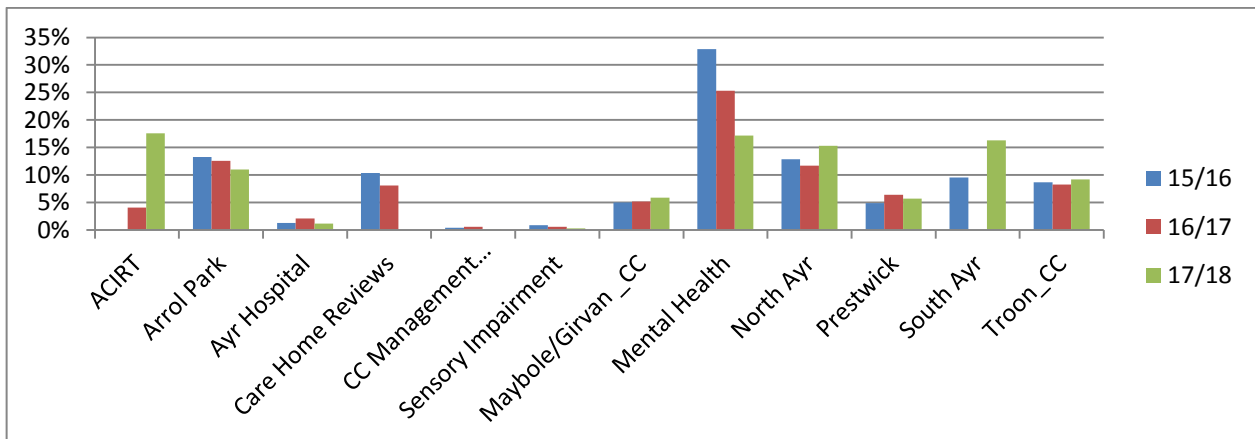


The target timescales for completion of the various stages of the ASP process are outlined within the West of Scotland Inter-agency Adult Support and Protection Practice Guidance (2015). This Guidance and the associated timescales are currently under review.

Case Conference Type	2015/16	2016/17	2017/18
Initial	121	135	104
Review	73	85	53
Total	194	220	157

Whilst there have been fluctuations in the number of case conferences, year to year, the overall number of case conferences has remained relatively stable. This is against a back drop of a significantly increased (and increasing) number of referrals. There is also an increase in the use of multi-disciplinary ASP planning meetings which may have resulted in a reduction in the need to progress to a formal Case Conference. Planning meetings increased from 34 in 2016/17 to 78 in 2017/18.

Figure 5: Percentage of referrals per year by Area Team



The development of the ACIRT Team, which initially receives all Police Scotland ASP/Vulnerable referrals, has seen a reduction in the number of such referrals to both the Learning Disability Team and the Mental Health Team, with the largest impact being on the Mental Health Team. The increase in the number of referrals for the Ayr South Team is largely due to the change in remit of the Care Home Review Team. In the past, the Care Home Review Team would receive the ASP referrals for all care homes in South Ayrshire, irrespective of their location. Following a change in procedure, these referrals are now dealt with by the locality team which covers the area where the care home is located. As the majority of care homes are in the Ayr South locality, this has had a disproportionate impact on the Ayr South Locality Team.

Figure 6: Percentage of referrals per year by age group.

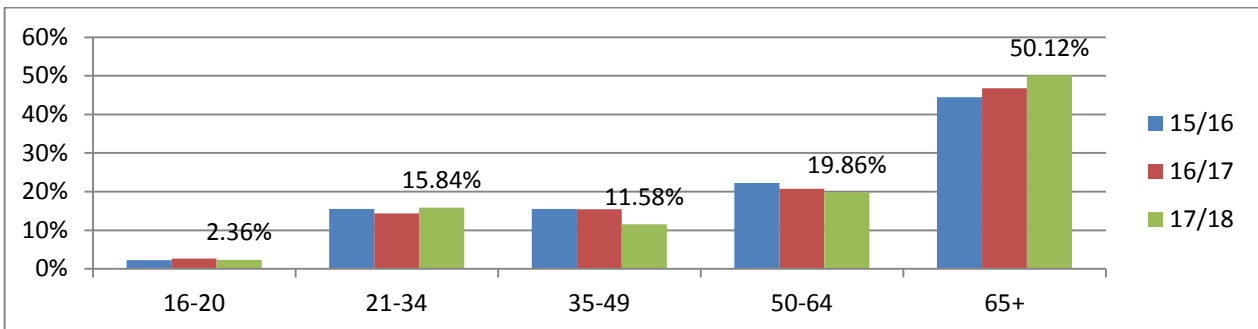
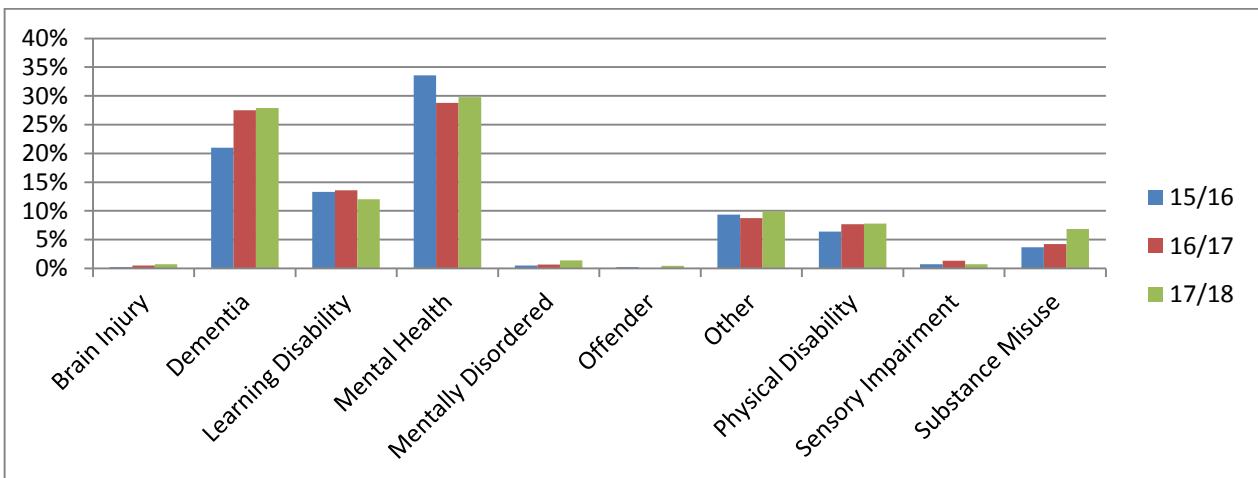


Figure 7: Percentage of referrals per year by Client Group



Referral analysis shows that there has been an increase in the proportion of referrals which are for those aged 65+. Referrals for the 21-34 age group have also risen. There has been a slight increase in the proportion of referrals made for people with Dementia and those with substance misuse.

Figure 8: Source of Referrals

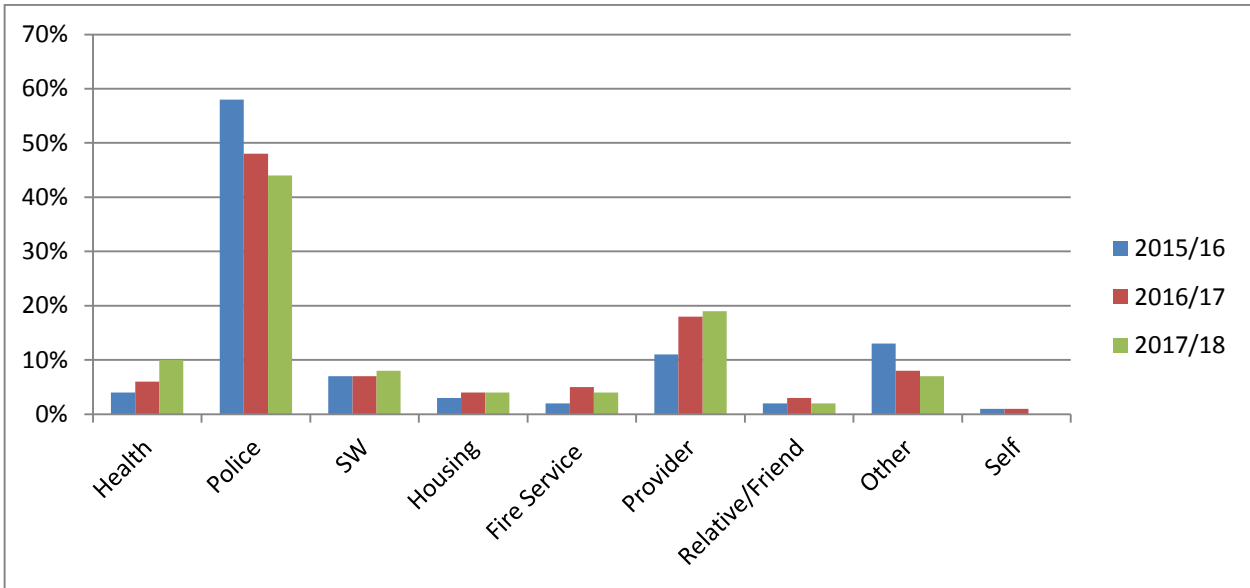
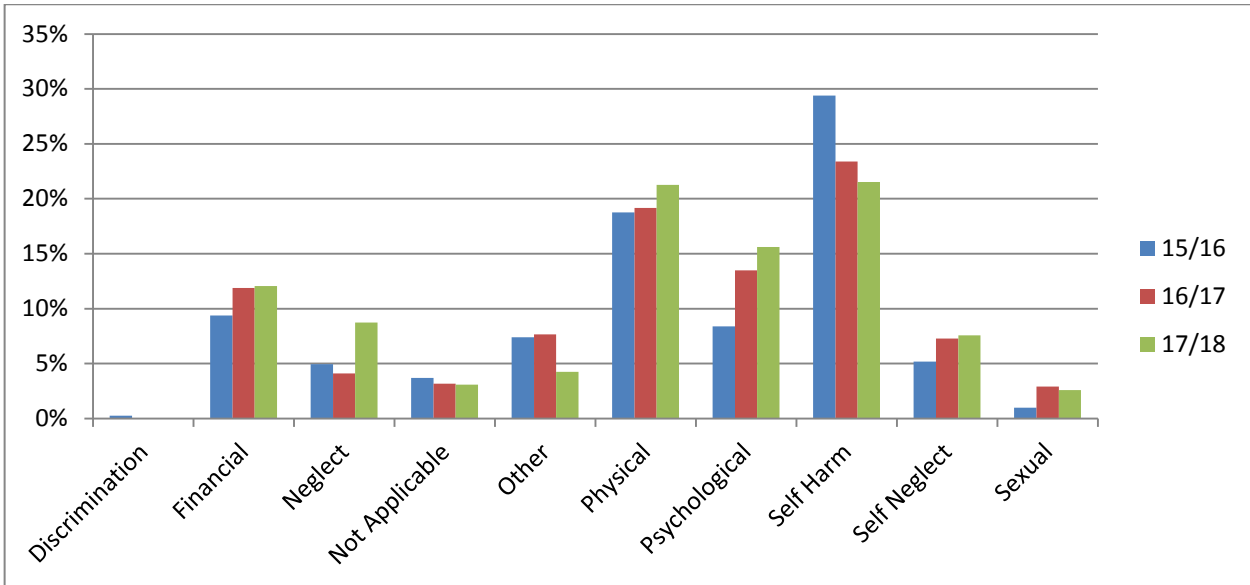
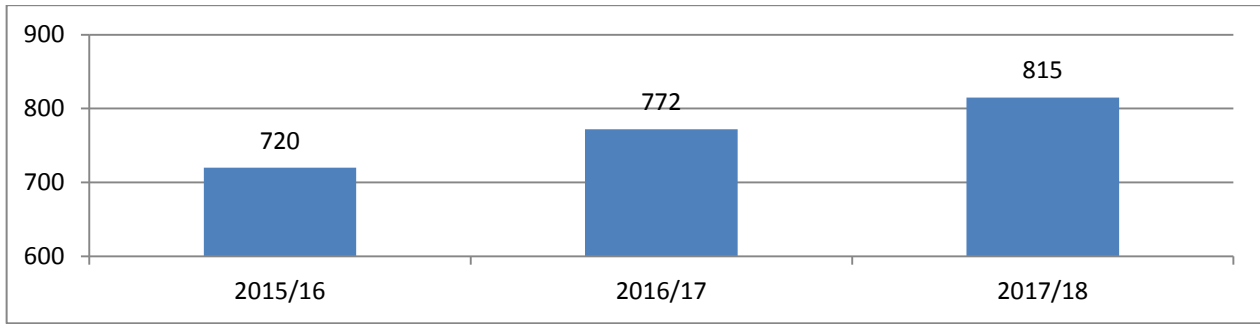


Figure 9: Referrals by Harm Type



There has been a decrease in the level of referrals which are for self-harm although it continues to be the most common referral harm type. The level of referrals for psychological harm, physical harm, neglect and self-neglect have all increased.

Figure 10: Annual Vulnerable Adult Referrals 2015-2018

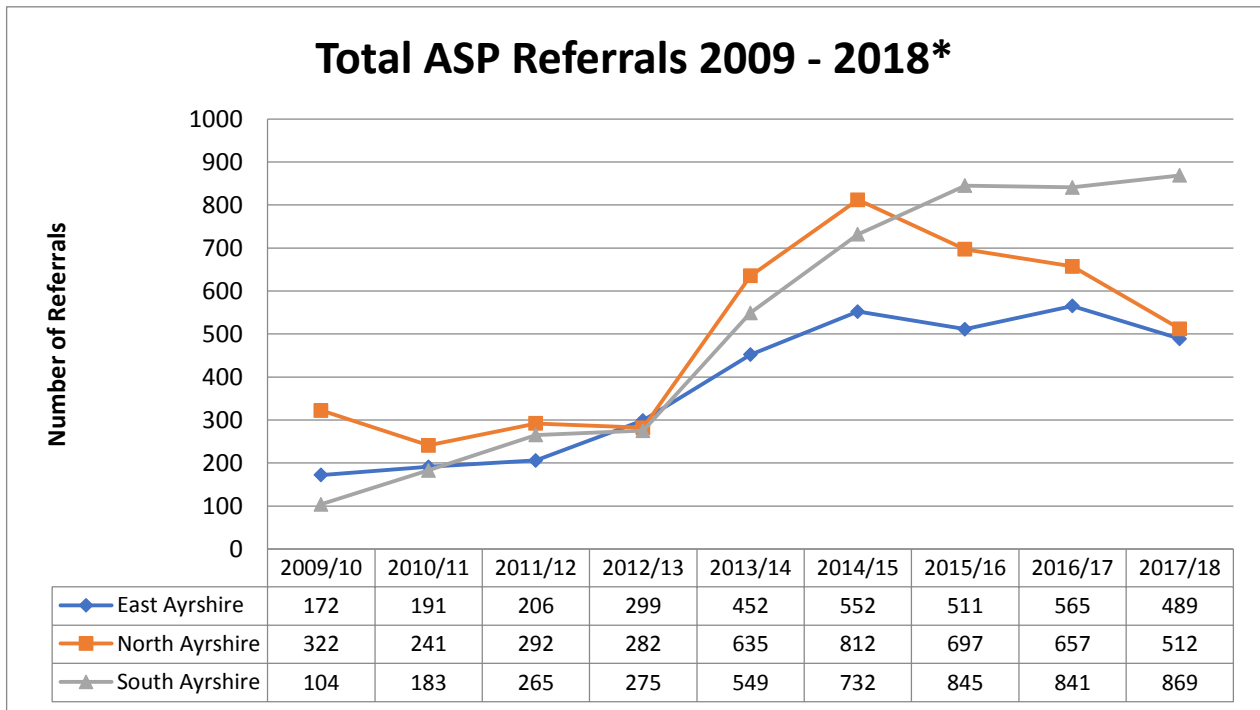


The ACIRT Team ensures early screening of all Police referrals and ensures multi-agency consideration of police adult concern reports. The Police reports that are assessed as not requiring an adult protection referral, but a vulnerable adult referral, have allowed early intervention to be offered and provided for people, for example, affected by ill-health, substance misuse or other problems.

In 2017/18 the ACIRT team received 157 referrals which accounts for 42% of the total Vulnerable Adult Referrals.

Pan Ayrshire Reporting Activity 2009 – 2018

Figure 11: ASP Referrals



*These figures relate to full financial years

East Ayrshire

Total ASP Referrals during Biennial period (April 2016–March 2018)	1054
Total ASP Referrals during Biennial period (April 2014–March 2016)	1063
% Increase/Decrease	0.8% Decrease

North Ayrshire

Total ASP Referrals during Biennial period (April 2016–March 2018)	1169
Total ASP Referrals during Biennial period (April 2014–March 2016)	1509
% Increase/Decrease	22.5% Decrease

South Ayrshire

Total ASP Referrals during Biennial period (April 2016–March 2018)	1710
Total ASP Referrals during Biennial period (April 2014–March 2016)	1537
% Increase/Decrease	11.2% Increase

Number of Adult Protection Referrals Received over Biennial Period 2016 - 2018 and % Increase/Decrease:

	East Ayrshire	North Ayrshire	South Ayrshire
April 2016 – March 2017	565	657	841
April 2017 – March 2018	489	512	869
Total Referrals	1054	1169	1710
% Increase/Decrease	13.5% Decrease	22.7% Decrease	3.2% Increase

Number of Adult Protection Referrals Received as per 100,000 of Population:

	East Ayrshire	North Ayrshire	South Ayrshire
April 2016 – March 2017	462	483	748
April 2017 – March 2018	401	377	771

Adult Concerns received over Biennial Period and % Increase/Decrease:

	East Ayrshire	North Ayrshire	South Ayrshire
April 2014 – March 2016	1607	2388	1398
April 2016 – March 2018	2173	3090	1551
Total Referrals	3780	5478	2800
% Increase/Decrease	35.2% Increase	29.4% Increase	10.9% Increase

Quality Assurance Activity

During the period of this Biennial Report, regular case-file audits have been carried out across the range of partner services. These audits review a range of factors using an adapted version of the Care Inspectorate Audit Tool. These audits may also include the review of partner agencies case-files and principally review against the standards of “Risk – Protection risks” and “Risk – non-Protection Risks”.

The details of the quality assurance activity carried out in 2016/17 and 2017/18 is summarised below:

Audit Area	Date of Audit	No. of case files audited
Learning Disability	November 2016	8
Recommendations		
<ul style="list-style-type: none"> • Each area of service should develop an audit schedule for the following year. • Eight–ten files should be selected for audit every three months. • An Audit Team of at least four individuals should be created for each audit. • There should be at least two Managers/Seniors and two practitioners on each audit team. • At least one Manager/Senior and one practitioner should be a representative of Social Work Community Care/Adult Services. • Each Audit Team should have representatives from a range of appropriate services. • Where a service has provided files (or access to files) for the purpose of the audit, a representative of that service must also be part of the Audit Team. • The Audit Team will collectively agree their findings and recommendations. • Each audit team will have a nominated individual who will be responsible for the compiling the Audit Report. • The Audit Report will be provided to the relevant Senior Manager of each service involved in the audit. 		

Audit Area	Date of Audit	No. of case files audited
Mental Health	July 2017	10
Recommendations		
<ul style="list-style-type: none"> • Care Managers should ensure that case files are kept up to date and include evidence of relevant assessments, reports and decision making. • Team Managers should ensure that case files are monitored regularly to ensure compliance with Case Recording and File Management Guidance. 		

Development of Concerns Hub

The Concerns Hub was developed as a more concerted way of dealing with the increasing number of adult concerns referrals and also, to more specifically and, effectively, deal with the large proportion of such referrals that come from Police Scotland.

The Concerns Hub was established in January 2017 as a pilot project to deal exclusively with “vulnerable adult” and “adult at risk” referrals from Police Scotland to the South Ayrshire Health and Social Care Partnership. Previously, such referrals were directed to the relevant Social Work Team based on either the geographic area where the person resided or their connection with a specialist Social Work Team (typically Mental Health or Learning Disability). The Team (formally titled the Adult Concerns Initial Response Team – *ACIRT*) consists of two Social Workers who are also authorised Council Officers, led by a Team Leader. Social Workers from the Team meet with Police Scotland officers on a daily basis and jointly screen “vulnerable adult” and “adult at risk” concerns that have been submitted via Police Scotland officers across South Ayrshire. In the six months since inception, the Team has dealt with 582 referrals.

Any initial or immediate action required is decided at this stage and progressed by the appropriate Social Work Team. In 50% of cases this will be the ACIRT Team. In the remainder of cases, most will be referred to an appropriate Social Work Team, usually on the basis that the individual concerned is “open” to that team or there has been some recent intervention by that team.

Overall, the Team is working well and has been a positive development, locally, and has established close working relationships with Police Scotland. The model has provided an effective way to screen referrals and has required, and enabled, Team Members to develop their own knowledge, skills and understanding of Adult Protection and to apply these to ensure that people are kept safe from harm. Partnership working is essential to the work of the Team – not just with Police Scotland, but with a range of agencies, including partners across the Health Board, the Local Authority and the Independent and Third Sectors. Good partnership working has enabled inquiries and investigations to be carried out sensitively and timeously and requires partner agencies to work collaboratively to ensure that individuals are protected.

Audit Activity in the Reporting Period

South Ayrshire APC continues to be committed to a process of self-evaluation. The findings from multi-agency audits are as follows:

- Social Work managers to systematically review case files and ensure that each contains an up-to-date and comprehensive chronology.
- Social Work managers to systematically review case files and ensure that case file recording accurately reflects social work input and the risks and care and support needs of each individual.
- Social Work managers to ensure that individual support plans are clearly based on sound professional judgment.
- Social Work managers to ensure that individual support plans are regularly reviewed.

- Social Work managers to ensure that individual support plans are shared appropriately with relevant stakeholders and partners.
- HSCP to review the effectiveness and appropriateness of the range of measures used in the assessment of risk to individuals.
- The HSCP adopts and disseminates an agreed range of measures for the assessment of risk across the partnership.
- Review of the current system for allocation of ASP referrals, taking account of existing resources (including skills, knowledge and experience) and needs of individuals at risk of harm.
- Recommendations made on how best to allocate ASP referrals.
- Review of existing support mechanisms for staff involved in ASP cases.
- Review of the ways in which multiple adult-at-risk/adult-concern reports/referrals are dealt with within existing policies and processes.
- Review of current information, training and guidance on the issue of “capacity”.
- Recommendations to the APC/HSCP on the development of additional supports to assist staff working with ASP cases to better understand issues of “capacity” and to more effectively support and protect people at risk of harm.
- The APC/HSCP review existing processes for the identification of training and development needs within the partnership and across the range of service providers.
- The APC/HSCP identify and agree training and development needs and priorities for implementing ASP measures cross the range of staff groups and service providers.
- An appropriate range of ASP training to be developed and delivered across the range of staff and service providers.
- APC to review current practices with respect to submission of Police Scotland “adult at risk”/“concern reports”.
- APC and CPC to review existing arrangements for the support and protection of young people between the ages of 16 years and 18 years and those who are, or have been “looked after”.
- Recommendations to be made to the APC, CPC and HSCP to ensure clear and agreed arrangements and practices are in place across the partnership to ensure the support and protection of young people at risk of harm.

Self-Evaluation will continue to be an important part of the work of the APC and the Business Plan will outline the details of future planned self-evaluation activity. The APC will monitor the implementation of the findings summarised above to ensure that these are incorporated whenever possible into practice, policies and operating procedures. This will be part of the programme of work set out in the Forward Plan at the end of this report and this Plan will inform the APC Business Plan for 2018-19 and in future years.

Escalation Process

This was approved by the APC in February 2017 following learning points from a previous SCR. A pilot procedure had been introduced to ensure, where there may be disputes about levels of risk, including thresholds and about whether there should be progression under ASP, that this can be formally considered. This was particularly evident in a situation where a housing provider had made a number of referrals about an individual’s circumstances, but where the aggregate concerns had not been actioned. This process was initially piloted with South Ayrshire Housing and has since been rolled out to all other partner agencies

Further reference is made to this under discussion of learning points following SCRs (See Section 5).

Section 4: National Priority Workstreams

Whilst the National Priority Workstreams have been concluded for some time, these topics have remained as priorities for the South Ayrshire APC.

ASP in Accident and Emergency

The Adult Support and Protection (ASP) in NHS Accident & Emergency Settings Project was a national priority agreed in response to a lack of knowledge on how well Adult Support and Protection was being delivered in A&E settings. There were concerns about the engagement of the NHS in adult protection in general and the small number of NHS adult protection referrals in many parts of Scotland and specifically from A&E settings.

The idea of a discrete project was to consider practice and raise awareness of adult protection in A&E settings (Scottish Ambulance Service, A&E Departments and other front door emergency receiving services, including out of hours Primary Care Centres, Minor Injury Units and Emergency Care Centres) and was designed to act as a lead in improving engagement in the NHS more widely.

Good progress from the established project was reported to the APC at its meeting in November, 2017, and the APC will continue to monitor progress in this area in 2018-19 and in future years as part of its Forward Plan. Progress reported to the APC includes the following: awareness raising sessions have been delivered to staff; in May 2017 the all staff ASP Learnpro was refreshed and renamed ASP Essential; staff are prompted to consider whether there are adult protection concerns by the mandatory question on the electronic reporting system (Datix); e-mail facilities are now secure between NHS and South Ayrshire H&SCP and this facilitates the current primary referral pathway for ASP; and governance arrangements are the same as those for Child Protection.

Financial Harm

Throughout every community in South Ayrshire there are adults who, for a variety of reasons including age, illness, injury, learning disability or mental health, may be at risk of abuse, exploitation or neglect due to the actions, or lack of actions, of another person.

Unfortunately, South Ayrshire has a higher proportion of victims than other areas and there is no typical abuser. Abusers can be family members, friends, associates, paid carers, an individual who deliberately takes advantage, through to organised crime groups. Financial abuse can take place anywhere: e.g. in a residential establishment, a person's own door step or through the internet.

This is why it is vitally important that everyone is able to recognise signs of possible abusive situations involving adults at risk of harm. Local communities can play a vital part in preventing and detecting abuse and neglect.

Police Scotland is committed to working with partners in Social Work, Health, Trading Standards, South Ayrshire Council and support agencies to ensure that the appropriate and proportionate support or protection is provided to any adult who may be at risk of harm. The Police are equally committed to identifying those persons who abuse, exploit

and neglect and will robustly investigate every report of criminality no matter when it happened, where it happened or who it involves.

Specifically in South Ayrshire, the Community Safety Partnership held two Information Seminars for all staff working with older people in South Ayrshire in May and October 2017. The May Seminar coincided with Police Scotland's Monarda campaign and was aimed at improving understanding of how persons involved in doorstep crime operate, how to protect older and vulnerable people who are being targeted, and key contacts to report suspicious activity.

The seminars included inputs from Police, Trading Standards and commercial banks. They were attended by around 90 staff, including community councillors.

South Ayrshire Trading Standards worked with the Life Changes Trust and secured funding for the development of a project for the prevention of financial harm, focusing specifically on people with dementia.

Self-Directed Support and Adult Support and Protection

Self-directed Support (SDS) as a policy was introduced by the Scottish Government in 2013. It has been implemented within South Ayrshire and residents receiving care services for the first time are offered support by means of the four SDS options, thus ensuring where they wish to, that they can exercise choice and control in the way that care is delivered. In 2017 the Director of Health and Social Care commissioned "In Control Scotland" to carry out a review of the implementation of SDS in South Ayrshire. This has led to a rebooting of the policy locally and will see work done to move from an equivalency based model to a Resource Allocation System, to the implementation of new simpler and faster Option 2 contractual arrangements and refresher training for staff and partners on the updated arrangements, locally. Work to implement these changes has commenced in 2018-19.

Options 1, 2 and 4, with their greater emphasis on self-determination and service-user choice and control, have a greater inherent risk than a traditional model of service delivery (Option 3).

For example, in relation to financial risk, the current cost of care and support packages delivered through Options 1, 2 and 4 is £2.1 million per year. Option 1, essentially a direct payment to the service-user, carries with it the greatest financial risk. Current processes and procedures ensure that any such risks are identified and appropriate supports and checks and balances are in place. Periodic and proportionate review by the Care Manager and the Council's Corporate Financial Service ensures that the service user is supported through the identification and minimisation of any financial risk.

In South Ayrshire, the establishment of a Resource Allocation Group (RAG) and the embedding of associated processes has had a key role in balancing the potentially conflicting goals of keeping people safe and protected (Adult Support and Protection) and promoting self-determination, choice and control (Self-directed Support).

A review of new SDS Options 1, 2 or 4 cases across the two teams in Ayr North and South was carried out in the period to March, 2017, to ascertain if any conclusions could be drawn regarding the interrelationships between SDS and ASP.

Ayr South had ten such cases (although at least three of these had historic Direct Payment/ILF funding). These consisted of 7 x Option 1, 2 x Option 2 and 1 x Option 4. In all but one of the cases there was an identified Power of Attorney or Welfare/Financial Guardian. Two of the cases had an “ASP” flag on SWIS (Social Work Information System), although neither of the cases had current ASP concerns.

Ayr North had seven such cases. These consisted of 1 x Option 1 and 6 x Option 4. In all but two of the cases there was an identified Power of Attorney or Welfare/Financial Guardian. Only one of the cases had an “ASP” flag on SWIS, although the referral had resulted in “No Further Action” and there were no current ASP concerns.

Whilst the information gathered showed no real concerns, the relatively small sample size made it difficult to gather definitive data in this regard and, as a consequence, it is intended to repeat this exercise with a larger case sample as part of the APC Forward Plan.

Access to Advocacy

The main issue reported in the 2014-16 Biennial Report was that not all people referred under ASP were being given the opportunity to have advocacy support. Although the APC has aimed to have a greater uptake from the low figure of 10%, this continues to be a major gap in service support for individuals who might benefit and requires a shift of culture towards a more enabling approach to accessing this service.

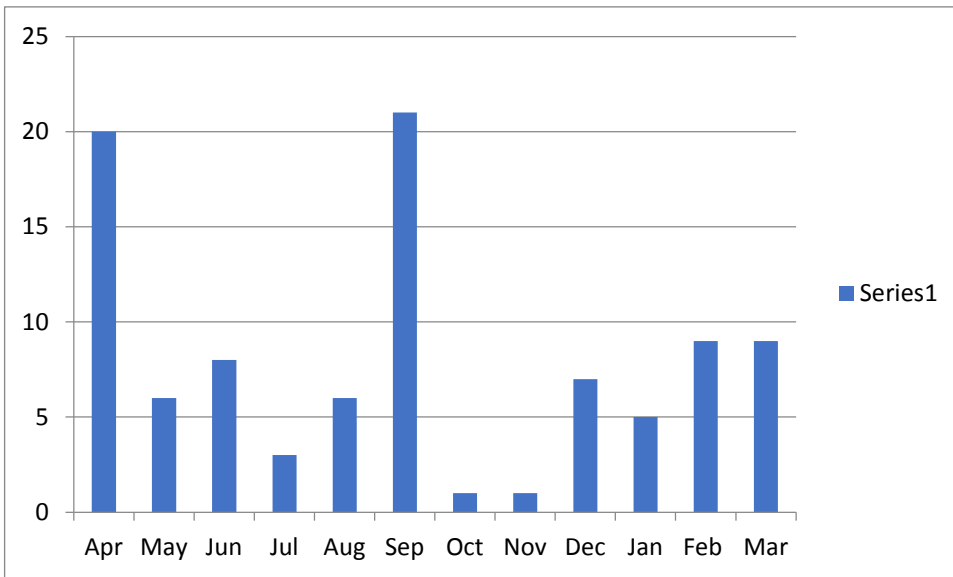
Circles Network, a Third Sector Provider commissioned by South Ayrshire Council to provide Independent Advocacy Services, can support people aged 16 and over, whose circumstances may include, but are not restricted to:

- mental health issues;
- personality disorder;
- learning disabilities;
- chronic illness;
- physical disabilities;
- acquired brain injury;
- dementia;
- autistic spectrum disorders; and
- people who are unable to safeguard their own wellbeing, rights, care or other interests.

During 2017 Circles Network received a total of 580 introductions to the service and 96 of those introductions were Adult Support and Protection issues. The majority of the referrals received were for women.

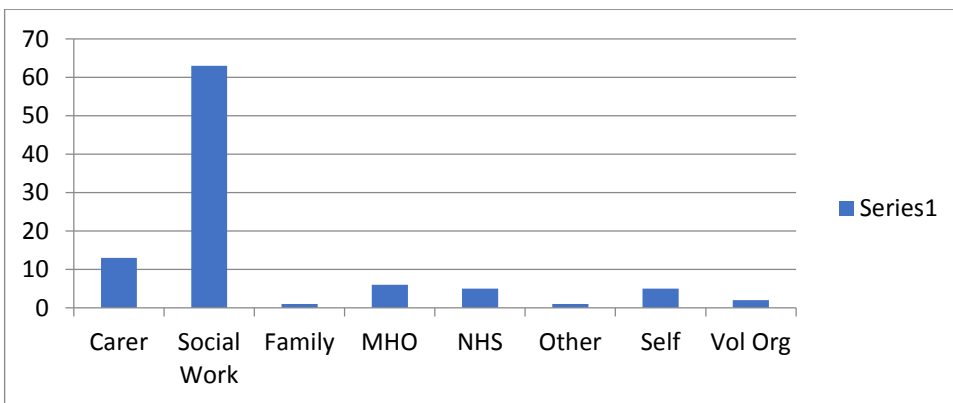
The following diagrams provide a more detailed breakdown of the referrals received:

Figure 12: Referrals received per month



These referrals came from sources described in the following graph, with the majority of referrals from Social Workers.

Figure 13: Referral Source



The advocacy partner groups being referred were mostly from Mental Health, with the breakdown shown in the following graph.

Figure 14: Group Details:

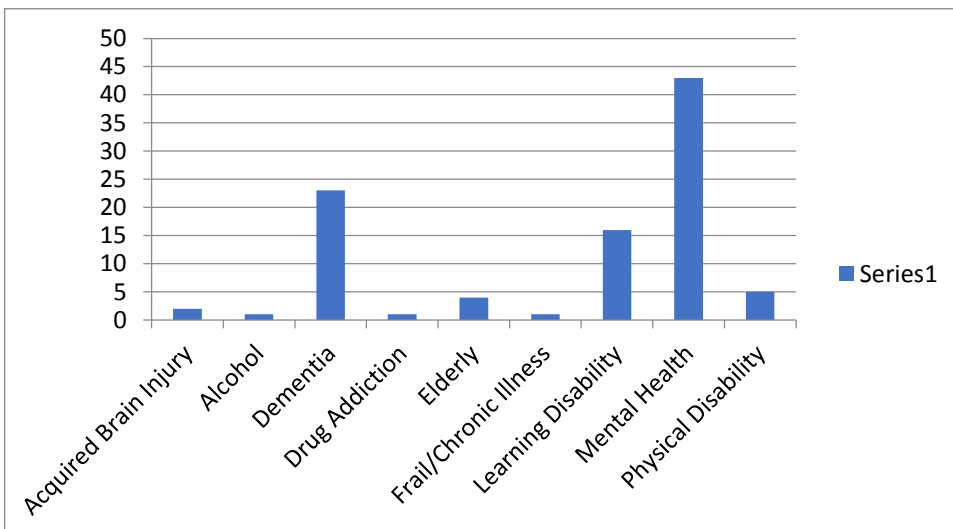
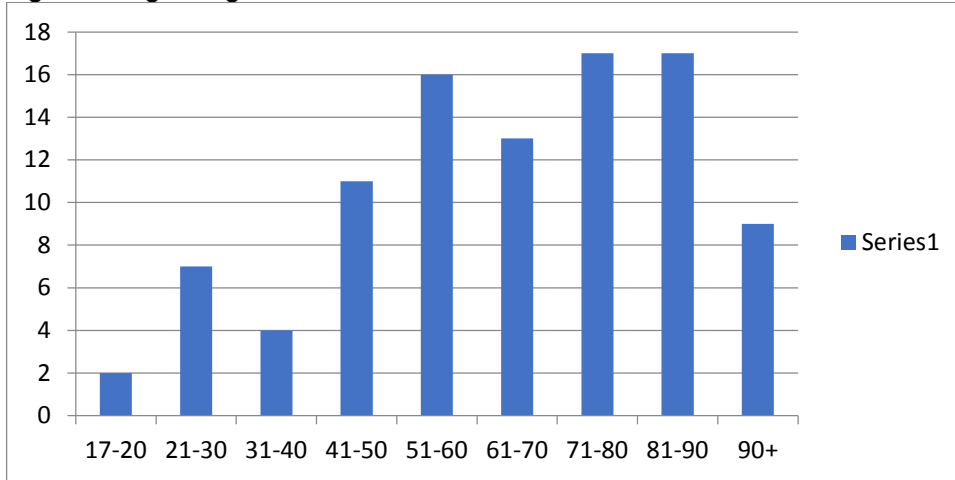
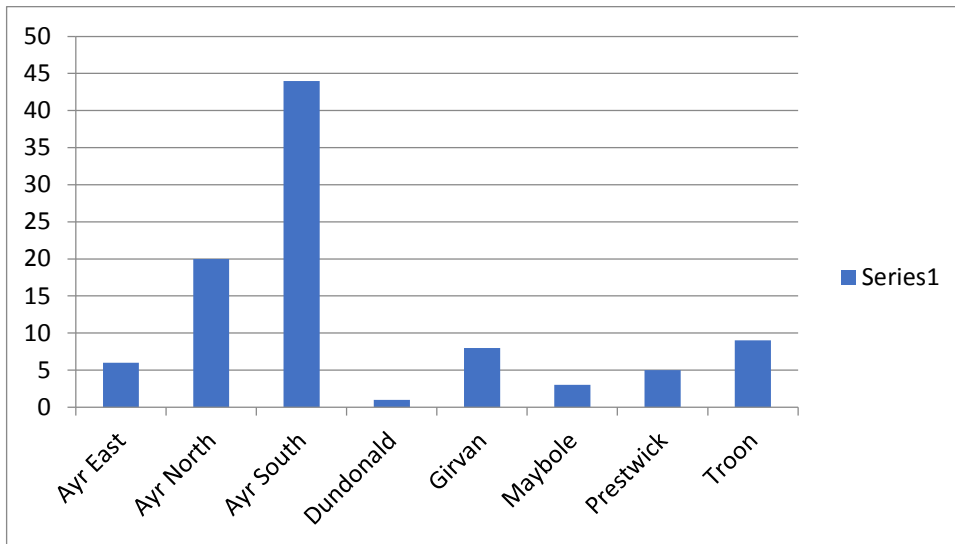


Figure 15: Age Range:



The majority of referrals were residents from the Ayr South KA7 postcode area, with the others distributed as shown in the graph below

Figure 16: Referral Areas



The APC has been advised of improvements that can be made across the whole system for the provision of advocacy in South Ayrshire. This has included the promotion of the service, communication, the timely provision of information and staff training and awareness.

Further examination of existing ASP and Mental Health processes and procedures will be undertaken to provide a better understanding of the decision making processes and action taken around advocacy referrals. Initial discussion at one of the Council Officer Forums showed significant variation with respect to whether or not Social Workers provided information on advocacy and whether or not a Social Worker would make a referral for someone.

Addressing these issues and ensuring that advocacy is available to all who need it in South Ayrshire will be an issue which will be addressed by the APC as part of its Forward Plan.

Human Trafficking.

Human Trafficking is the illegal trade in human beings, both adults and children, for the purpose of commercial exploitation. Victims of human trafficking are often the most vulnerable members of a community, however, there is no such thing as a typical victim.

Trafficking victims are often forced into prostitution, exploitative labour, the illegal drugs trade, stealing or domestic slavery to pay back the debt that traffickers claim they are owed for travel. Victims are trapped in this life with limited freedom or options. They regularly have their identity documents removed and are often subjected to physical and mental abuse, torture and rape.

Human Trafficking exists in communities across Scotland and also can involve people who are resident legally in the country.

Within South Ayrshire, a Superintendent is the local champion for the work against human trafficking and through collaborative work and community intelligence, proactive work is carried out to protect potential victims of these crimes, through a number of suspect business premises searches. The purpose of this work is to support the safety and welfare of victims and arrest traffickers who are effectively modern day slavers.

The APC will continue to receive information on this issue, will monitor the progress being made and will take steps through its Forward Plan to ensure that actions of all of its member agencies is coordinated and effective and has a positive impact on awareness and activity. For 2018-19, in partnership with East and North Ayrshire, a series of pan-Ayrshire practitioners' seminars on Human Trafficking will be held in each of the three authorities.

Section 5: Initial and Significant Case Reviews

The APC has conducted and completed three Significant Case Reviews (SCRs) since 2016-17 and one further SCR is currently in progress. In addition, one Initial Case Review undertaken concluded that progression to an SCR was not required, but agreed that further work would be undertaken by the Practice Review Group. The learning points from each of these 3 SCRs and also, the Practice Review are summarised as follows:

SCRs 1 and 2: These SCRs resulted from the completed suicides of each individual. Although quite different circumstances, the learning points from each had common elements and included the following:

- All Social Work Teams to be instructed on the application of current ASP procedures to require a formal ASP Meeting following three or more referrals;
- Where repeated referrals about an individual are received, irrespective of risk, a formal multidisciplinary view is now to be coordinated by a Team Manager to decide an appropriate course of action;
- Support and Protection Plans for individuals who are the subject of multiple referrals now to contain clear protocols for management and will be reviewed at least annually;

- Introduction of a new duty system and appropriate training on the range of circumstances relating to possible Adult Support and Protection;
- The appropriateness of a dedicated ASP team to be considered by the H&SCP;
- Information sharing across all agencies about risk of harm reinforced by Council Officers;
- Service Managers audit schedule to include an audit of chronologies;
- A pilot escalation protocol to be introduced to ensure Housing Support Workers recognise potential signs of risk for an individual and understand the process of passing on concerns as Adult Support and Protection.

SCR 3: This SCR followed the death of an individual in sheltered housing as a result of a fire which had occurred in the individual's home.

The learning point from this Review was that Telecare/Fire Safety briefings are to be delivered to each of the South Ayrshire Home Care Teams, including:

- Awareness of the circumstances relating to this fatal accident;
- Awareness of the limitations of current community care alarm system;
- Awareness of the need for service users and their carers/families to understand the functioning of the equipment, and its limitations as an all-purpose alarm system;
- Awareness of individual workers, including commissioned services staff, to be alert to any hazards that may present a risk to an individual, especially where fire evacuation is required;
- Awareness of the benefits of Scottish Fire and Rescue (SFRS) fire safety assessment and how to make a referral to SFRS;
- Ensuring that through the Care at Home Providers Forum there is briefing on the specific risks identified through this event;
- New updated community care alarms have now been fitted and system upgrades to include separate smoke detectors and alarms; and
- A further 550 individuals living in sheltered housing had had upgrading's to existing systems to include hard wired smoke detectors.

Practice Review Findings

This Group was established in 2017 by the APC to consider any learning points in situations where actions had been taken to avoid serious harm to an individual and/or where the circumstances did not require progression to a Significant Case Review. One such situation followed the death of an individual whose precise whereabouts in the 2 months leading to her death were not known either to close family or to agencies, including Health, General Practitioner, Police, Housing and Social Work. The learning points included:

1. The HSCP should ensure that there is a thorough and consistent procedure in place for a Duty Social Worker to be reporting to, and liaising with, the Duty Team Leader;
2. The HSCP should ensure that there is clear guidance for social work staff on the documenting of the rationale for a case being closed. This should be documented in the case notes on SWIS;

3. Where an Adult Support and Protection case is being closed at the screening, inquiry or investigation case, a Service Manager will have oversight of such cases;
4. The HSCP should ensure that social work staff are fully aware of the Adult Support and Protection procedures timescales and that the extent to which these are met is monitored by Team Leaders;
5. Service Managers should, as a matter of course, be advised by Team Leaders of any Adult Support and Protection case which is at risk of not meeting one or more of the Adult Support and Protection procedures timescales;
6. The HSCP should ensure that due and proactive consideration is given by social work teams to the holding of multi-disciplinary case-discussions and planning meetings to assist in the process of protecting individuals who may be at risk of harm or have been harmed;
7. The HSCP should ensure that Adult Support and Protection procedures are followed;
8. The HSCP should work with Police Scotland to establish guidance on the reporting of an individual to Police Scotland as a “missing person”;
9. Where an individual who is referred to social work has previously been an “open case”, the allocated worker should ensure that they access the individual’s case-file and don’t simply rely on the data entry on SWIS;
10. All partners should ensure that where a voicemail facility is available all appropriate staff are aware of how to use it;
11. All partners should ensure that a compiled chronology contains a comprehensive record of all contacts with the individual concerned;
12. All partners should ensure that the compilation of the chronology for the purposes of an ICR or SCR remains the responsibility of a Senior Manager;
13. Where a case is being considered for, or progressing to, an ICR, SCR or PRG review, all partners should take steps to ensure that staff involved in the case are advised of this timeously and supported to fully participate in the process; and
14. All partners should ensure that they have a system and process in place to routinely disseminate the learning points and recommendations from any ICR, SCR or PRG across staff teams.

A fourth (on-going) SCR was commissioned in May 2017 and, following the conclusion of the associated criminal trial at the High Court of Justiciary in Glasgow in April 2018, is expected to report in the latter part of 2018.

SCRs are conducted by means of the 2013 Pan Ayrshire Guidance, and as part of Scottish Government’s consultation on a draft Framework for APCs for conducting a Significant Case Review, the three Ayrshire APCs made a joint response in January 2017.

The parallel arrangements for NHS reporting of Adverse Events, referred to in the previous Biennial Report, have continued to be the subject of ongoing discussion to clarify where and under what circumstances, a single review on a multi-agency basis would be more appropriate than the single agency approach of NHS. This particularly applies in overlapping areas of mental health and addictions where there may usually have been a series of contacts with several agencies over time.

The implementation of the recommendations from the SCRs and Practice Review will be monitored by the APC as part of its Forward Plan and where necessary further joint work will be undertaken with all partner organisations to ensure full implementation.

Section 6: Learning and Development

Key Achievements in terms of learning and development during the period of this report include the following:

- the core planned training programme has been delivered;
- a series of awareness raising talks on adult protection has been delivered to Social Work and Health Teams;
- the internal Council Officer Forum has assessed training needs within the Council which has informed the development of Council Officer refresher training and the programme of core training;
- the year has seen improving links with Independent and Third Sector Providers via opportunities to present Adult Protection information at meetings of the Care Home and Care at Home Provider Forums; and
- MHO and Legal input on assessment of capacity has taken place within the quarterly meetings of the Council Officer Forum.

The table below shows a breakdown of the training provided during 2017-18:

	Courses	Delegates	Private	Voluntary	Public
ASP Level 1	12	116	41	12	63
ASP Level 2	8	97	45	17	35
ASP Level 3	1	4	0	0	4
AWI	1	12	0	0	12
Other	1	17	0	0	17
Total	23	246	86	29	131
NHS A&A LearnPro		1573			

In addition to the planned Interagency Training Calendar, tailored training has been developed to meet the learning and development needs of individual agencies or services. One example of this was a training session designed and delivered for the HSCP District Nursing Team. In addition, Adult Support and Protection training has been incorporated into induction for new SAHSCP Care at Home staff.

Working in partnership with colleagues in East and North Ayrshire HSCPs has enabled the sharing of resources and the joint planning of learning opportunities, including the statutorily required Council Officer training. This saw a redesign of the existing

programme and the development of a more holistic experience for the candidates who undertook the training over a four-day period. The training has been well received and the feedback from participants included some recommendations for improvement which have been incorporated into the design of future courses.

Further developments in learning development in 2018-19 and in future years will include the following:

- development of an adult protection series of Chronologies workshops to the multi-agency staff group;
- seek opportunities to link child and adult care staff in joint training to promote joint working and seamless services to children and families;
- train staff on newly completed ASP procedures;
- deliver Council Officer refresher training; and
- seek to put in place, bespoke ASP training within the Emergency Department and the Combined Assessment Unit with the agreement of Acute Health Colleagues.

Mandatory ASP Training for all NHS Staff

In May 2017 the all staff ASP Learnpro was refreshed and renamed ASP Essential. From May to August inclusive 704 NHS employees working in South Ayrshire completed the module. This module is mandatory and included in induction and repeated 3 yearly.

NHS A&A has signed up to the Pan Ayrshire Learning and Development framework which recommends staff working in acute health settings in a supervisory role should undertake ASP level 1 as a minimum.

The development of an additional online resource for NHS staff is underway. This Learnpro module will offer more in depth learning on ASP, crossover legislation and contemporary themes in harm. This will not be mandatory to all staff, but may be categorised as role specific. It will offer online learning which is more advanced than the ASP Essential Module.

Section 7: Involving Service Users and the Public

Public Information

Efforts have been made by the Committee to keep the public informed of adult protection issues and what to do when concerns emerge. A joint public protection document is currently being compiled which will be adapted and made available on the Health and Social Care Partnership Adult Protection website in the next 12 months. Consideration will be given to using more sophisticated methods to communicate with the public rather than just attendance at events and sharing leaflets.

Involving Service Users and the Public

Service Users who have given their views have felt safer as a result of ASP input.

In ensuring that service users, their carers and the public at large feel more engaged in adult support and protection matters and have greater awareness the Committee will work to ensure that the following developments are implemented in 2018-19 and in future years:

- service users questionnaires are routinely collected and used at the end of adult protection case conferences and findings will be collated and reported 6 monthly;
- adults will be asked for their views and feelings on safety at the beginning and end of interventions;
- information on South Ayrshire Independent Advocacy Service, Circles Network, will be routinely promoted in local authority teams with leaflets shared;
- Circles Network will ensure that all adults whose information is subject to review and audit have the opportunity to express their views independently of staff involved in their care. Adults identified will be contacted directly by Circles Network and ASP staff; and.
- ensure the views of service users and carers inform the development of adult protection services in South Ayrshire by way of ongoing consultation by voluntary service areas, including the Carers Centre and Circles Advocacy Service.

Section 8: Opportunities and Challenges

Opportunities

Considerable progress has been made during the period of this Biennial Report to enhance inter-agency working and to strengthen this through the learning from Initial and Significant Case Reviews, Practice Reviews and on-going Self-Evaluation activity.

There is an opportunity to further enhance this inter-agency working through the clear commitment of governance bodies and the Chief Officers Group to Adult Support and Protection and the work of the APC.

The appointment of a new Independent Chair of the APC provides an opportunity for a review of progress made and the further development of approaches in some areas including: improved business planning linked to clearly defined outcomes; continuous improvement driven by an on-going programme of self-evaluation and meaningful performance reporting; effective multi-agency learning and training; good practice informed by clear and current policies and procedures; effective communication with all stakeholders; and most significantly quality assurance for the public at large and for governance groups on the effectiveness of Adult Support and Protection arrangements in South Ayrshire.

There is an opportunity based on these new arrangements, to move towards the integration of adult and child protection governance and oversight in South Ayrshire under one unified system for Public Protection.

Challenges

The principal challenge facing all public bodies across Scotland at this time is the level of available funding. A number of Health and Social Care Partnerships, for example, are reporting projected overspends in the current financial year. The level of available funding is now regarded by the South Ayrshire IJB as one of its highest rated strategic level business risks.

The recruitment and retention of professionally qualified staff at all levels within the HSCP continues to present a risk to business continuity and to management and operational capacity.

The outdated Social Work Information System (SWIS) continues to present a major challenge to the effective administration of Social Work Services particularly for adults and older people. Work has commenced to migrate information to a new system, Carefirst, but this is unlikely to be fully completed before 2020.

The level of vacancy management within the Health and Social Care Partnership as part of the strategy to meet budget targets is placing increasing demands on other team members and on their health and wellbeing.

Section 9: Adult Protection Committee – Forward Plan

The items identified below are a summary of the items which have been highlighted in this Biennial Report and that form part of the APC Business Plan for 2018-19 and future Years.

Item/Description	Responsible Lead	Due By
Quality Assurance Activity – follow up – Learning Disability	Chief Social Work Officer	31.03.19
Quality Assurance Activity – follow up – Mental Health Services	Chief Social Work Officer	31.03.19
Review of Operation of ACIRT	Adult Protection Co-ordinator	31.03.19
Self-Evaluation Activity 2016-18: Review implementation of findings	APC Independent Chair	31.03.19
ASP in Accident & Emergency & Acute Hospitals – review progress in increasing referrals	Adult Protection Co-ordinator	31.03.19
Self-Directed Support and ASP: review on-going inter-relationships	SDS Team Leader	31.03.20
Improve Access to Independent Advocacy	Director of Health and Social Care	31.03.19
Report on progress on combatting Human Trafficking locally	Police Commander	31.03.19
Report on training developments planned in 2018-19	Associate Nurse Director (Sub-Group Chair)	31.03.19
Report on work to raise public awareness of ASP	Communication Manager (Sub-Group Chair)	31.03.19
Utilise performance information presented to inform development of Adult Support and Protection Business Plan in areas such as, for example, number of case conferences to referrals and the number of referrals being out different from those elsewhere in Ayrshire.	Senior Manager – Planning & Performance HSCP	31.03.19



Adult Protection Committee Members – 2016-18

Member	Designation
David Cummings	Adult Support & Protection Independent Chair
Kenny Leinster	Head of Community Care & Health Care Services and Chief Social Work Officer
Frank McMenemy	Senior Manager – Learning Disability & Sensory Impairment
Liz Roy	Senior Manager Service Hubs
Carol Fisher	Senior Manager Mental Health Services
Ann McArthur	Adult Support & Protection Link Worker for NHS Acute Services
James Hendrie	Police Scotland
Karen Briggs	Legal & Licensing Manager, South Ayrshire Council
Brenda Morrison	Circles Network Advocacy Services
Pauline Draper	Co-ordinator Housing, South Ayrshire Housing
Roddy Wright	Operations Director Hansel
Angela O'Neill	Associate Nurse Director, NHS Acute Services
Caroline Dickson	Manager Acute Services, NHS Ayrshire & Arran
Hamid Gazem	Team Leader Environmental Health & Trading Standards, South Ayrshire Council
Mike Harkin	Link Inspector, Care Inspectorate
Mark Taylor	Acting Adult Support & Protection Co-ordinator

