



SOUTH AYRSHIRE APC

BIENNIAL REPORT

2020 - 2022

Covid-19**Key Points:**

The Chief Officers Group (COG) established Public Protection Oversight groups at the onset of the pandemic. These groups were supported by Adult Protection Committee (APC) and Child Protection Committee (CPC) member agencies and met monthly during the COVID-19 pandemic reporting through written and verbal updates to the COG on a monthly basis. There were weekly monitoring reports to Scottish Government and fortnightly South Ayrshire Council “Gold” configured APC/CPC meetings. Alongside this structure the weekly returns were circulated to key stakeholders with an analysis offered by the lead officers to ensure continued oversight of the datasets and trends.

At the start of the pandemic, local guidance on the conducting of Adult Support and Protection (ASP) activity was developed and shared (South Ayrshire ASP Processes – Interim Guidance for use during the COVID-19 Pandemic, March 30th, 2020) which covered undertaking Investigations in the community and provided clarity on the conducting of required ASP processes (face to face and virtual), including Investigations, Planning Meetings, Case Conferences and Reviews of Case Conferences.

Where the Social Work Team Leader assessed that a face-to-face Investigation or meeting was required, these would then take place in accordance with the Interim Guidance.

A dedicated central point for accessing appropriate Personal Protective Equipment (PPE) for Council Officers conducting Investigations was established and a sufficiency of appropriate PPE was secured to enable Investigations to be carried out safely.

Specific ASP guidance was produced for staff who had been redeployed to the new “shielding” helpline so that any concerns for an adult in this particularly vulnerable group being at risk of harm would be picked and prioritised as appropriate.

Key guidance documents from a range of relevant bodies were routinely shared with partners, practitioners, and Managers. This included the Scottish Government, Public Health Scotland, the Care Inspectorate, the Mental Welfare Commission, SSSC and the Social Care Institute for Excellence.

A Person-Centred approach was taken in relation to ASP Case Conferences, where there was lack of availability or access to technology or where the person could not use technology. A COVID-19 friendly setting facilitated face-to-face meetings where it was deemed essential adhering to COVID-19 guidelines.

Communications

On commencement of the COVID-19 pandemic, internal and external communications for the Partnership were led by the Planning and Performance Team. All Partnership staff and service providers received a daily briefing with key information advising on such matters as public health measures and other key focus areas including adult and child protection. Information in the staff and service provider briefings included details on

safeguarding vulnerable adults and there was a focus on the Ayrshire Public Protection campaign which took place in July 2020.

The staff briefings were uploaded to South Ayrshire Council's intranet site and shared with our colleagues in both the NHS and South Ayrshire Council Communications Teams for them to dispense as appropriate. The service providers briefings were shared across the Partnership, NHS, and Council colleagues as well as other partners/agencies throughout Ayrshire and beyond. From July 2020, the briefings were issued three times per week. From October 2020, the timings of the briefings were reduced to weekly and continue to be issued on that basis. The Head of Community Health and Care continues to publish weekly vlogs which include updates on service pressures and high-level ASP issues.

Changed Work Practices

Changed practices and behaviour as a consequence of the pandemic had far reaching impacts across the care sector. The main impacts on ASP practice arose from a number of areas:

- the necessity for staff to be working from home.
- the reduction in the number of home visits that could be routinely carried out.
- concerns about the availability of PPE for Council Officers conducting ASP investigations.
- the reduction in multi-disciplinary meetings to discuss individual cases of people who may be at risk of harm.
- the cessation of most face-to-face support services.

The use of technology and social media contributed significantly to ensuring the continued sharing of information across partners and the assessment of risk.

During the period of COVID-19 restrictions, the APC and associated sub-committees continued to meet regularly but virtually. In the initial period of restrictions (April 2020 – November 2020), the Committee met on a monthly basis to ensure effective governance and oversight of the measures in place across services to ensure that vulnerable people were being afforded appropriate levels of support and protection. The COG held virtual monthly meetings from April 2020 – March 2022.

Multi-disciplinary discussions and information-sharing with partner agencies is an essential element of ASP practice and as such it was important that these meetings continued. It quickly became apparent that there were many individuals who became progressively placed at risk due to the cessation of a wide range of key, often vital, community-based supports. This led to the formation of a weekly multi-agency COVID-19 "Vulnerable Adults" information-sharing / discussion forum for those individuals, living in the community, who were particularly vulnerable as a consequence of the withdrawal of support.

Over 100 "high risk" individuals were discussed at the forum, with steps being taken to engage people with either formal or informal supports and being able to provide assurance to partners that an individual they had concerns about (often as a consequence of losing contact with them) was indeed "safe and well".

Adults requiring ASP interventions were often unaware of, or unable to comply with, social distancing requirements, which put themselves and partners at risk and, in some cases, this resulted in adults at risk being apprehended or arrested.

The anticipated increase in ASP referrals did not materialise, although it is not clear if this is due to a reduction in the risk of harm or a reduction in the reporting of these risks, potentially due to social isolation and the lack of contacts with support services.

NHS Ayrshire & Arran faced particular challenges as a consequence of the pandemic. With respect to ASP, a number of supports were put in place to help staff meet their statutory duty under ASP at a time when they were also focussing attention on the emergency response to COVID-19. The AthenA ASP site was updated to reflect that the referral pathway was unchanged, and staff were reminded to follow the normal processes to share concerns. Acute services staff were offered additional support to make referrals with the view that this support could free them up to manage their workload.

A number of organisation wide communications were developed to offer support, remind staff of their responsibilities, and acknowledge the increased risk many vulnerable adults might face as a direct consequence of the emergency response.

Care Homes

There were ongoing and significant concerns with the incidences of the spread of coronavirus within care homes. Following the first national lockdown restrictions, daily multi-agency meetings (Care Home Oversight Group) took place to monitor the rate and impact of COVID-19 infections in care homes. The analysis of data and any associated actions were reported to a weekly COG Oversight Group, together with specific ASP & CP reports (based on the weekly-gathered SOLACE data). This ensured that the COG were fully cited on what was, at times, a fast changing and fluid situation requiring clear leadership and the ability and capacity to respond agilely and flexibly to keep service-users and staff safe and protected.

While this wider issue was going to be the focus of a national review, the roles, and relationships between local care homes, Health and Social Care Partnership (HSCP) Contracts and Commissioning, ASP and the Care Inspectorate were further explored to ensure that appropriate support was being provided to care providers and the people for whom they are providing care.

Many of these issues were highlighted in the Large-Scale Investigation (LSI) centred on a local care home in October – December 2020. This LSI was intense and complex and required a clear multiagency response, with effective leadership and oversight by both the APC and the COG, ensuring people were kept safe and their care/support needs met. However, a number of residents of the care home did lose their life and this resulted in two Initial Case Reviews (ICRs) being commissioned. The APC and COG continued to oversee the implementation of the resultant Action Plans.

The STORM (police command-and-control system) Care Home Notification process was devised as a response to the increased risk and vulnerability throughout COVID. This was to build a process into reviewing and recording the police response and assessment of incidents within care homes, to provide pathways for sharing information and support key partners in this critical area of business for ASP. An escalation protocol has been built in and where appropriate information is shared with the care inspectorate to allow them to identify any issue or developing themes within care homes and act as necessary.

Staff Support and Supervision

Team Leaders continued to provide support and guidance for staff on an ongoing basis.

Feedback from Social Work Teams on the views and experiences of Council Officers when dealing with ASP during the pandemic showed that staff had been working confidently and felt well supported by their Team Leaders and the available guidance.

Early on in the pandemic, the HSCP and NHS Ayrshire & Arran recognised the personal and emotional impact on staff and Teams. As a consequence, staff wellbeing supports were rolled out across the partnership. These ranged from having quiet spaces for rest and reflection to making spaces for social and emotional support available, mindfulness and mental health sessions.

Future Planning

As the restrictions arising from the pandemic began to be relaxed, it was agreed that more detailed work should be carried out in the following areas:

- a further analysis of issues around the incidence of the spread of COVID-19 in care homes (which will be part of a wider national inquiry)
- further consideration of the extent to which those particularly vulnerable adults with issues associated with alcohol and/or substance misuse, who don't meet the criteria for ASP or social work services criteria for support to meet "critical" needs, could be more effectively supported and protected
- further exploration of what arrangements can be made locally to align (operationally and strategically) ASP more closely with those partners who support women who are at risk of, or experience, domestic abuse
- consider how partner agencies could contribute to the reporting of ASP activity
- identify and build on the examples of good practice that have been evidenced

What your data tells you

South Ayrshire APC are committed to the development of services and support for adults at risk of harm. An ASP Quarterly Performance Report is submitted to each meeting of the APC and is also reported to the quarterly meeting of South Ayrshire COG.

Scrutiny and review of the data and associated analysis informs and influences the priorities for the APC. The APC also monitors subsequent action plans and progression. The 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 of 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.

The format and content of the Quarterly Report has been subject to significant development over recent years and while the current format and content have been positively received by both the APC & COG, it is constantly under review to identify areas for further improvement and enhancement. The recent move to CareFirst information management system, with its enhanced functionality, will also support, develop, and enhance

future reporting. The Committee will also want to ensure that the reporting format, and the indicators commented on, reflect the National Minimum Dataset being developed by the Scottish Government and IRISS. (Nationally, South Ayrshire APC is one of the five “learning partners” progressing this work).

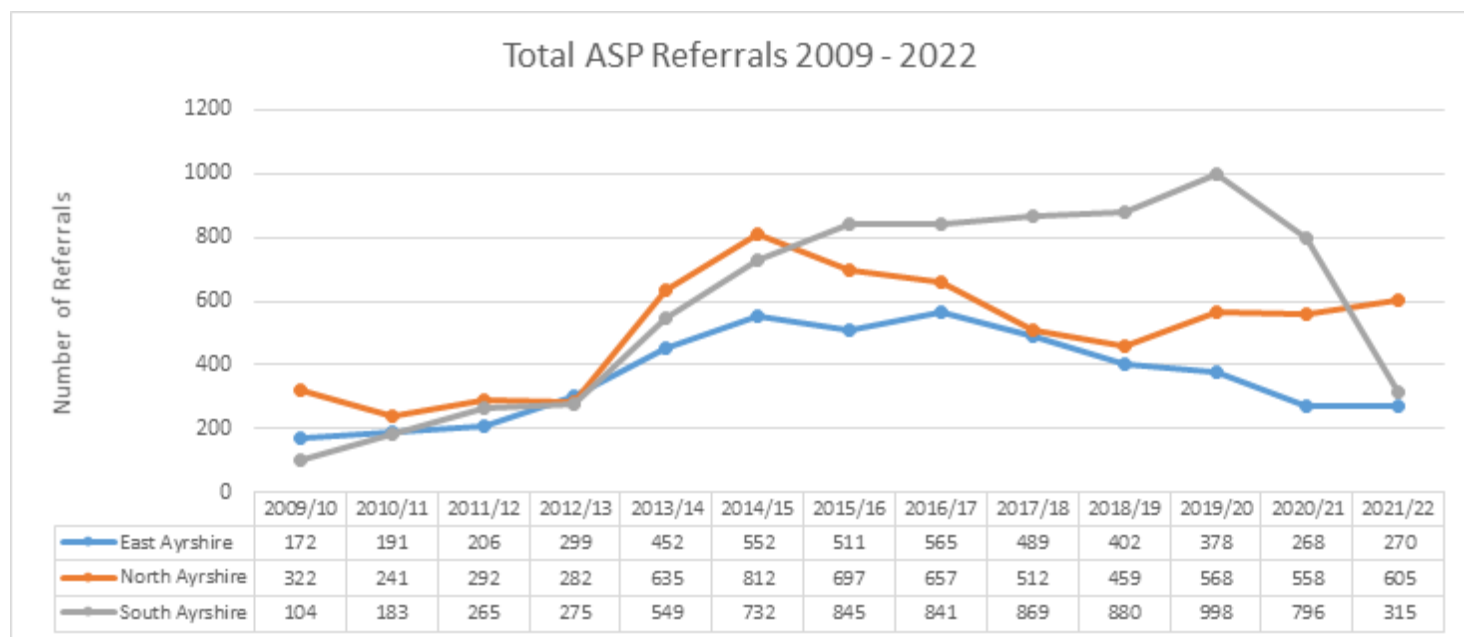
South Ayrshire HSCP replaced its previous information management (SWIS) with CareFirst in November 2020. This presented significant challenges for the ongoing collation and analysis of data across the HSCP functions, including ASP. However, the facilities of CareFirst have contributed to the improved ASP Quarterly Performance Report and plays an important part in the continued development and improvement of this report.

Ayrshire Comparison of ASP Reporting Activity

The three Ayrshire APCs, have regular scheduled pan-Ayrshire meetings. They collaborate on a range of activities including the shared development of procedures, guidance documents and the development and delivery of learning and practice improvement activities. This also includes the routine comparison and analysis of statistical data and ASP activity across the three areas.

ASP Referrals

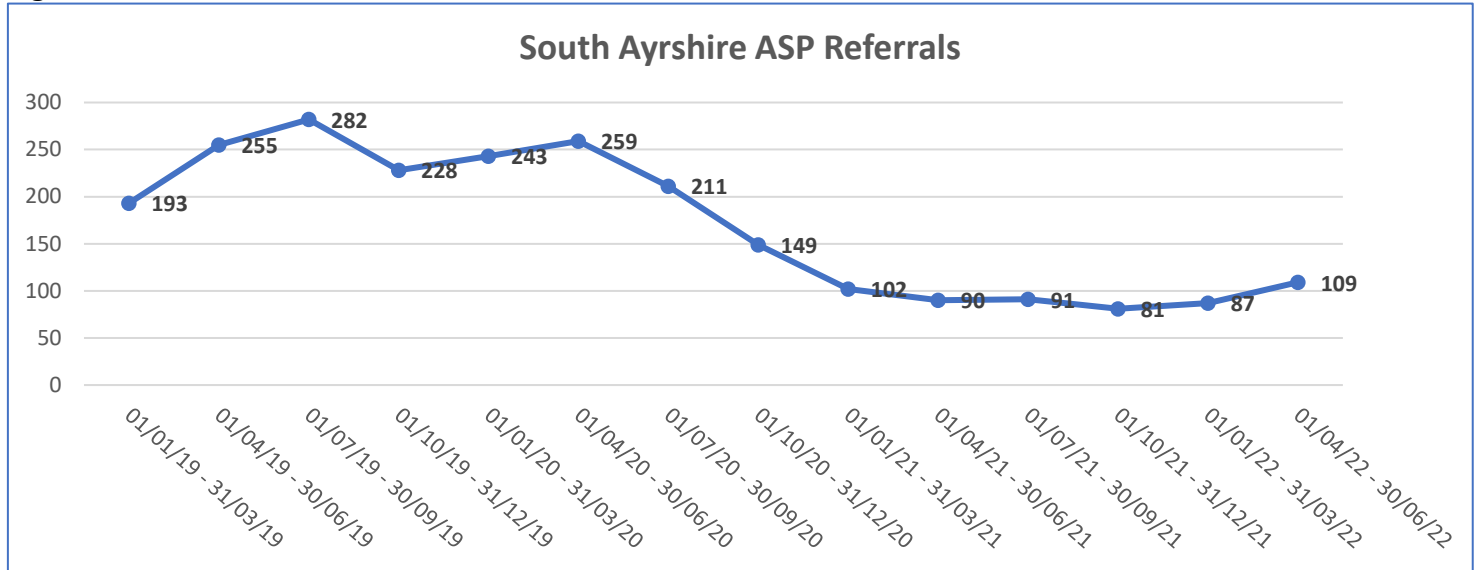
Figure 1



ASP referral data for the period 2009-2015 shows a generally similar rate of increase of the number of ASP referrals across the three Ayrshires. From 2015 onwards, the number of referrals continues to rise in South Ayrshire while those for East and North Ayrshire start a steady decline.

At the start of the COVID-19 pandemic restrictions, the number of ASP referrals in each of the three areas declined. However, the full extent to which the decline in the number of ASP referrals in South Ayrshire was attributable to the pandemic is unclear due to the concurrent impact of the revised Adult Concern/Vulnerable Adult Escalation Procedure.

Figure 2

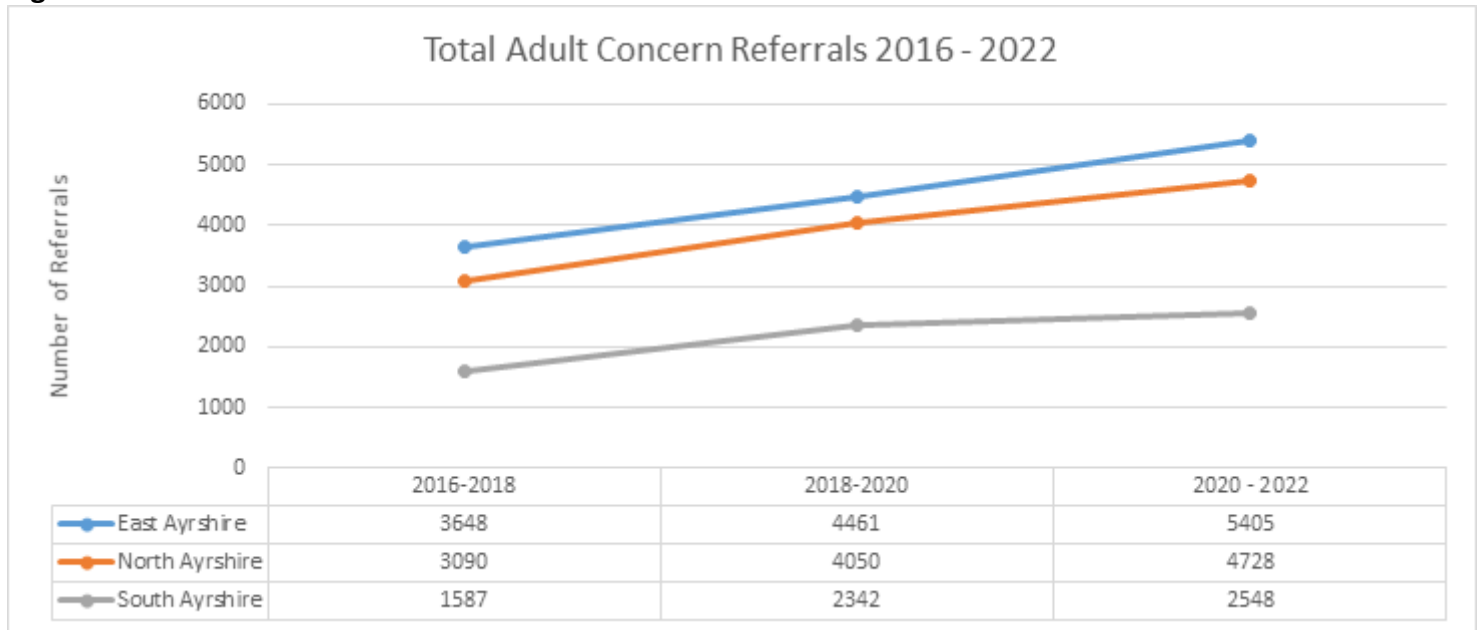


In the absence of any obvious explanation for this, South Ayrshire APC requested that further trend analysis be undertaken to better understand the discrepancies in the rate of referrals when South Ayrshire was compared with East and North Ayrshire, particularly when all three authorities are served by the same health board (Ayrshire & Arran) and Police Scotland division (“U” Division) – this is considered in more detail in the “Outcomes, achievements, and service improvements” section.

Adult Concern/Vulnerable Adult Referrals

Across the three Ayrshire partnerships, 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 receives fewer than half the number of referrals that East Ayrshire receives and just over half of those received by North Ayrshire.

The general trend for the increase in Adult Concern/Vulnerable Adult referrals across the three Ayrshire partner areas appears to have been relatively unaffected by the COVID-19 restrictions.

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. However, a large percentage of referrals (34%) have the Type of Harm recorded as *other or not recorded at all*. We recognise that the move towards a National Minimum Dataset (and its implementation) will require greater clarity when recording Type of Harm.

Table 1

Type of Harm	% Of Total
Domestic Violence	3%
Sexual Harm	3%
Emotional Harm	7%
Self-neglect	7%
Self-harm	8%
Financial Harm	10%
Neglect	10%
Other Harm	12%
Physical Harm	18%
Not Recorded	22%
Total	100%

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 the reporting period the proportion of referrals received from the Independent Care Sector service providers continued to increase. Both “Care at Home” and “Care Home” providers accounted for 8% of ASP referrals. The Committee had also had discussions around the number of ASP referrals received from “health” and it was noted that these appeared to be relatively low, considering the vulnerability of many of the individuals who would typically come into contact with health professionals. We recognised, there may be training gaps. The NHS Ayrshire & Arran ASP

Table 2

Referral Source	%
Other Health Professional	5
Other Organisation	5
Other	6
HSCP Social Work	6
Hospital Staff	6
Independent Sector - Care at Home Provider	8
Independent Sector - Care Home Provider	8
Police	12
Not Recorded	22

Lead had undertaken awareness-raising work with colleagues across the health sector to address this. In addition, at the start of 2022 NHS Ayrshire & Arran appointed to a new role – ASP Advisor for Care Homes. Both these have contributed to an increase in ASP referrals (including Adult Concern/Vulnerable Adult referrals). Across the broad range of “health” services, “Hospital Staff” accounted for 6%; “Other Health Professional” 5%; “District Nursing” 2%; “Emergency Department” 2%; GPs 1% and “Scottish Ambulance Service” 1%.

Further work is to be undertaken to reduce the number of referrals where the referral source is “Not Recorded” – in this reporting period this was the case with 22% of referrals.

ASP Inquiries

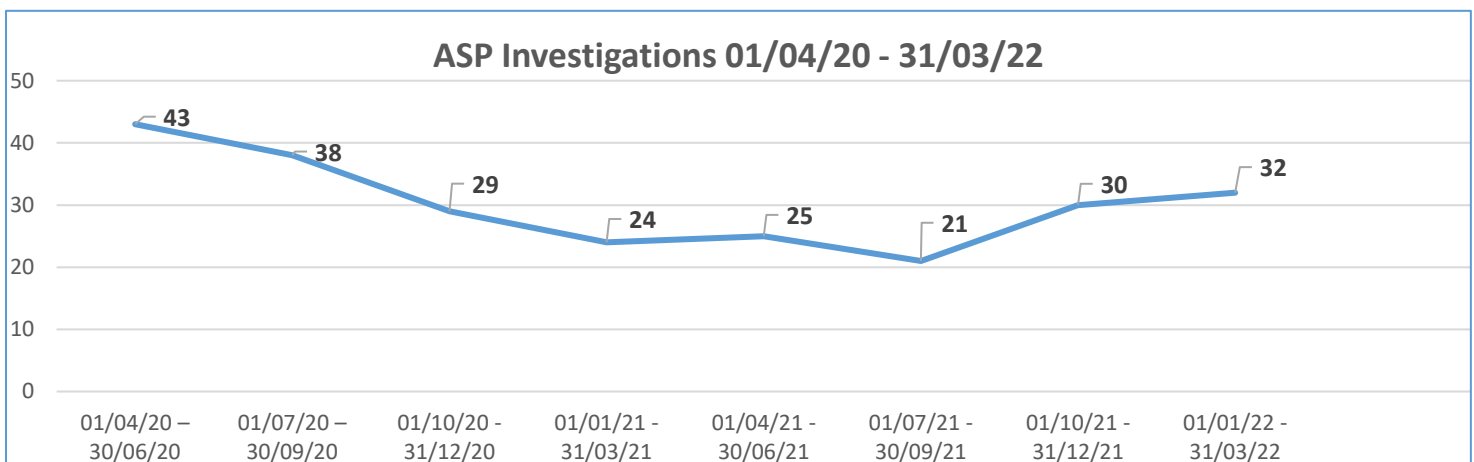
In South Ayrshire, an ASP referral will result in an ASP Inquiry being carried out, unless a referral is for the same incident, in essence a duplicate, or the referral relates to the same concerns that are already being dealt with under parallel ASP procedures.

The pattern of the overall number of Inquiries reflects the pattern of the number of ASP referrals received where the impact of both COVID-19 and the revised Adult Concern/Vulnerable Adult Escalation Procedure contributed to a general decline throughout the first year of the reporting period, followed by a period of relative stability and a slight incline throughout the second year of the reporting period.

ASP Investigations

As with the number of ASP Referrals/Inquiries, the overall number of Investigations declined during the period of pandemic restrictions. However, the rate of decline in the number of Investigations is less pronounced, due to the fact that there was little impact from the introduction of the Revised Adult Concern/Vulnerable Adult Escalation Procedure. This reflects the level of risk, where Adult Concern/Vulnerable Adult referrals were being escalated unnecessarily and an initial ASP Inquiry would be likely to conclude that progression to an Investigation was not required.

Figure 4



ASP Case Conferences

In recent years the number of ASP Case Conferences convened has reduced significantly. This follows action taken from 2018 when it was recorded that South Ayrshire had the highest rate of Case Conferences per 100,000 population in Scotland. At that point, there were around 180 per 100,000 – the next highest was in the order of 120 per 100,000. Audit of the data around Case Conferences suggested that Case Conferences were in some instances being convened to initiate a multi-agency discussion of the issues and concerns. To better understand this, Social Work Team Leaders (who make the decisions as to whether a Case Conference should be convened) were engaged in some practice development discussions. The outcome of this was to promote the clear consideration of convening a multi-agency ASP Planning Meeting as a means of sharing information and concerns around individuals who may be at risk of harm.

For the current reporting period, there were an average of 48 Case Conferences, 25 Review Case Conferences and 61 ASP Planning Meetings per year.

The APC has commissioned further investigation of the variations across the Social Work Teams with respect to the conversion rates for progression from an ASP Inquiry to an ASP Investigation, and from an ASP Investigation to an ASP Case Conference. Initial scoping had shown that these variations appeared considerable but the variations in ASP activity across the different Social Work teams made transparent comparison difficult.

To develop understanding further work around participation and engagement with the ASP Case Conference will also be carried out. The ASP Inspection highlighted potential issues around key partners invitations to, and attendance at ASP Case Conferences. This has been incorporated into the ASP Improvement Plan. Initial discussions have taken place with the HSCP, NHS Ayrshire & Arran, Independent Advocacy and Police Scotland.

ASP Protection Orders

There were two ASP Protection Orders granted in this reporting period. Both were Banning Orders and the implementation of the Orders contributed significantly to enabling the adult at risk to be protected from harm.

Outcomes, achievements, and service improvements

ASP Inspection

South Ayrshire were notified in early 2020 that the Care Inspectorate, Health Improvement Scotland (HIS) and Her Majesty's Inspectorate of Constabulary in Scotland (HMIC) would be carrying out a Joint Inspection of ASP in the South Ayrshire Partnership Area. This inspection was subsequently suspended (and eventually took place in August/September 2021).

The inspection provided a good opportunity for the Committee to engage with partners in a process of self-evaluation as the required "Position Statement" was developed.

To lead on the inspection preparation, an ASP Leadership Group was developed, chaired by the Head of Community Health and Care Services. Key partners were represented on the group, which operated as a sub-committee of the APC, ensuring that the APC maintained oversight of the process, with regular reports being submitted to both the APC and COG. The inspection preparation led to the formation of an Action Plan – identifying areas for improvement across ASP activity and the Care Inspectorate Quality Indicators. The Committee and the COG again maintained oversight of the development and implementation of the Action Plan.

The report on the inspection was received in November 2021 and it identified further areas for development, with a further post-inspection ASP Improvement Plan being put in place. The ASP Leadership Group has responsibility for the implementation of this Improvement Plan, with the Committee and COG again maintaining oversight. The implementation of the Improvement Plan continues to be a significant piece of work for all concerned, although the main focus is around improvement within Social Work systems, processes and involves the commitment of significant resources. However, there is clear evidence of improvement in all areas highlighted by the inspection.

Revised procedure for escalating Adult Concern/Vulnerable referrals.

In 2019-2020 the Committee considered a report on the comparison of the number of ASP referrals recorded in South Ayrshire and those recorded by partners in East and North Ayrshire (*see Figure 1*). The Committee commissioned a detailed analysis and consequently discussions with colleagues in East and North Ayrshire was conducted. A further report with recommendations was provided to the Committee for consideration.

The subsequent report from this analysis identified that the existing policy on the escalation of repeat Adult Concern/Vulnerable Referrals was resulting in a large number of these referrals being escalated – in many cases unnecessarily, in correlation to ASP status (and therefore being recorded as “ASP” referrals). Discussion with ASP Lead Officers in East and North Ayrshire revealed that while they had originally had the same escalation policy as South Ayrshire, they had revised theirs and now had a more proportionate response to such repeat referrals, with escalation to ASP-status based on a clear assessment of risk and the application of the “three-point-test”.

These findings resulted in the Committee agreeing on a revised Adult Concern/Vulnerable Adult Escalation Procedure, the intention of which was to ensure that there was clearly defensible decision-making with respect to the escalation process and ensuring that individual referrals were responded to appropriately, with the “least restrictive” response, whilst not being unnecessarily subjected to formal ASP procedures. This revised procedure was agreed by the Committee in February 2020 and monitoring of its implementation showed a rapid decline in the number of Adult Concern/Vulnerable Adult referrals subsequently recorded as “Adult Support and Protection”.

“Most Vulnerable” contact group

One of the lasting COVID-19 specific actions that was undertaken was the development of a “most vulnerable” persons group in the early days of the pandemic restrictions. This was in response to the concerns around particularly vulnerable people being increasingly at risk due to the reduction or cessation of support services as a consequence of pandemic restrictions. This group was developed on a multi-agency basis, led by the South Ayrshire Alcohol and Drugs Partnership, (ADP). The focus of the group was on those individuals who were noted to be at particular risk and had lost, or withdrawn from, formal and informal community-based supports.

Invariably there were risks associated with ASP, alcohol and drugs, mental ill-health, and homelessness. The group provided a multi-agency opportunity for sharing of information about concerns and risks and to provide assurances where it was the case that it was known that someone was actually safe and well, even though they had lost contact with the services that had raised the initial concerns.

It enabled services to re-establish contacts with vulnerable individuals or to escalate concerns to appropriate partners in Social Work, Housing, Police or Health. Some 90 individuals were considered at the group, and, in almost all cases, it led to them being better supported throughout the period of the pandemic restrictions. Regular reports from this group were provided for the APC. From the work of the group, it became apparent that relatively few of these vulnerable (and sometimes very vulnerable) individuals had any ongoing Social Work support, and very often were not “known” to Social Work. Following discussion with the South Ayrshire Chief Social Work Officer, this issue, and how best to address it, became part of the Adult Services Social Work Review which was being carried out.

NHS Ayrshire and Arran Public Protection Service

A remodelling of leadership across NHS Ayrshire and Arran Child and Adult Protection Services towards a Public Protection Service commenced in 2021/22. This Public Protection Service will consist of 3 key areas which

include CP, ASP, and Multi-Agency Risk Assessment Conference (MARAC). Moving to a Public Protection model of service delivery, it is anticipated this will increase capacity, improve, and strengthen governance and build resilience across the organisation. In order to support the restructuring of the Child and Adult Protection services, NHS Ayrshire and Arran will be moving to recruit a Chief Nurse for Public Protection. This model with combined governance will also contribute to supporting continuous improvement and maximising NHS Ayrshire and Arran’s contribution to the cross-cutting agendas of Public Protection.

Ayrshire Multi-Agency Risk Assessment Conference (MARAC)

In 2020-21 work was undertaken to scope the need for MARAC in Ayrshire. This process facilitates a local meeting where representatives from statutory and non-statutory agencies meet to discuss individuals at high risk of serious harm or murder as a result of domestic abuse. The meeting provides a safe environment for agencies to share relevant and proportionate information about current risk, after which agencies agree actions to reduce risk and increase safety. MARAC is in place across Scotland and Ayrshire was an outlier in relation to not having MARAC arrangements.

As part of the scoping activity, the three Ayrshire local authorities along with NHS Ayrshire and Arran, Police Scotland, ASSIST and Women’s Aid, undertook a data collection exercise for victims of domestic abuse to identify the level of high-risk victims presenting to services across Ayrshire. The data exercise ran for 3 months from November 2020 to January 2021 and analysis was undertaken by the Scoping Group. During the 3-month period, a total of 215 women who met the MARAC criteria were identified across Ayrshire, a summary of which is detailed below.

Table 3: High Risk Victims Meeting MARAC Criteria

	Total	East Ayrshire	North Ayrshire	South Ayrshire
Nov 2020	73	25	26	22
Dec 2020	73	29	34	10
Jan 2021	69	30	26	13

As a result of the scoping work and the options identified to meet need, Chief Officers across Ayrshire agreed to establish an Ayrshire MARAC. The MARAC Coordination team are hosted by NHS Ayrshire and Arran.

(Note: The Ayrshire MARAC went live on 1 August 2022)

Care Homes

In May 2020 the Scottish Government asked all Nurse Directors to support care homes by providing professional governance and nursing leadership within this sector. A key contribution to achieving this in Ayrshire and Arran was via the introduction of the Care Home Professional Support Team (CHPST). Linked to this team and managed through the NHS Public Protection Team a new role of ASP Advisor for Care Homes has been introduced. The main objectives for this post include, focussing on prevention through the delivery of learning opportunities, advice, and guidance, contributing a health perspective to inquiry and investigation processes, progressing activities which have a health improvement focus and working collaboratively with key stakeholders to improve the experience of vulnerable residents who may be at risk of harm. This is a crucial role in developing cohesive, multi-agency services and within the first 6 months has already shown a positive impact in terms of Care Home engagement illustrated by the uptake of training and support.

Public Protection Learning Review

In April 2021 a Public Protection Learning Review (PPLR) was commissioned by the Chief Social Work Officer to explore the delivery of public protection services in South Ayrshire. The project would consider current delivery methodology in South Ayrshire, learning from ongoing self-evaluation activity, consider current research and best practice and bring forward recommendations. The review had within its scope for recommendations the following areas:

- ASP services
- Vulnerable Adult services
- CP services
- Vulnerable Child services
- Partnership working across the system including the effectiveness of the APC, the CPC, the Violence Against Women Partnership, the ADP, and the COG
- The experience of service users and referring agencies, in particular the issue of communication and feedback

The review would link with the Adult Social Work Learning Review and the ADP Learning Review. Throughout the following year, a significant amount of work was undertaken on a multi-agency basis including engagement and consultation events. However, in February 2022, on reflection, the Programme Board concluded that, for a number of reasons, it was not the right time for South Ayrshire to be progressing this work any further. It was noted that there was significant positive practice in South Ayrshire across the wider “public protection” agenda and that the option to resume this work at some point in the future remained.

Adult and Child Protection Toolkits

An Adult Protection Toolkit was developed and launched on 3rd August 2020 to enhance Police Officers' knowledge and confidence in their roles and responsibilities at Case Conferences. In addition, an online ASP training package was created, mandatory for all Police staff up to the rank of Inspector or civilian equivalent. This updated training included criminal harm such as financial harm. To support the partnership approach to ASP, there was supplementary training on attending Multi-Agency Case Conferences.

ICRs/SCRs/Learning Reviews

ICRs

The APC commissioned two ICRs' during this reporting period – ICR EA, February 2021 and ICR IA, March 2021. Both these cases concerned individuals who had died and about which there were concerns around them being “adults at risk of harm”. They had been provided, periodically, with both formal and informal supports from Social Work and the Community Health Team and both had previous interventions under ASP procedures. Both the APC and COG agreed with the Review Teams' recommendations that neither of these cases would benefit from progressing to a Significant Case Review (SCR). Nonetheless, in both cases there was identified learning and these learning references were shared across partner agencies.

Following the death of EA, NHS Ayrshire & Arran commissioned a Significant Adverse Event Review (SAER). Historically, both locally and nationally, there have been concerns around the benefit of having separate reviews of the same circumstances being conducted under different processes and procedures and by different review

teams. In previous cases where separate reviews were being carried out there has been significant duplication of effort and a risk of unnecessary repeated contacts by reviewers with families and carers.

There have also been instances where one review has effectively been put “on hold” while the other completes its review – this has resulted in unnecessary delay for all concerned. At an early stage, the ICR Review Team established contact with the SAER Team with a view to rationalising the review processes. The practicalities of carrying out a single review, meeting the needs of the two existing review processes, was considered in detail. However, in view of the fact that an ICR is very much a multi-agency review, and the SAER is essentially a single agency “health” review, that this would not be possible at this time.

Nevertheless, both Review Teams recognised the advantages of adopting an approach that enabled the sharing of information, having joint discussions and the minimisation of over-burdening the family, service providers and practitioners with repeated requests for information and evidence-gathering discussions.

It was agreed that a recommendation would be made to the APC, COG and NHS Ayrshire & Arran that the two Review Teams would work together, sharing information and establishing a family liaison strategy, with a single point of contact who would liaise with EA’s family. It was subsequently agreed that the two reviews would be conducted jointly and in tandem, albeit with each review following their own organisational procedures and producing separate reports/findings.

This was the first time that the two separate reviews had been carried out in this way. Both Review Teams reported on the benefits of working in this way and it was agreed by the APC and COG that the lessons learned from conducting reviews in this way should be considered when carrying further ICRs/SCRs/SAERs.

A further two ICRs (AB and MB, December 2020) were convened following a LSI in respect of Care Home R. Neither of these progressed to an SCR and there was no additional learning to be gained due to the extensive and detailed nature of the LSI and the fact that the care home concerned was closed by the owner shortly after the ICRs commenced.

SCRs

In January 2020 the Committee also commissioned an SCR into the circumstances of the death of MJ. An Independent Review Chair was appointed, and a Review Team convened. The SCR was suspended in March 2020 due to the impact of the COVID-19 restrictions and recommenced in August 2020. The final report on the SCR was presented to the APC and COG in April 2021.

The report made a number of recommendations, mainly around nursing practices and processes, all of which were accepted by the APC and COG.

The South Ayrshire HSCP developed an Action Plan for the implementation of the recommendations and associated improvement actions. The learning points noted in the SCR (many of which had already been addressed during the review process) were shared with, and actioned by, relevant partners.

The progress on the Action Plan was reported quarterly to the APC and COG, with improvements noted in training, a reduction in the level, and seriousness, of pressure sores in the community due to processes now in place and the introduction of an escalation policy for external providers which supported the additional improvement actions.

Furthermore during this reporting period the APC and COG maintained oversight of the implementation of the Action Plan following the SCR SG.

This externally reviewed SCR was commissioned following the death of SG who had, until shortly before her death, been provided with a care and support package by the HSCP. The SCR was commissioned in November 2017, but the SCR was not finalised until the conclusion of criminal proceedings in April 2019, following which SG's sister was convicted of her murder.

Although the SCR was completed out with this reporting period, the APC and COG maintained oversight of the implementation of the resultant Action Plan. The improvement actions included significant changes to Social Work processes, particularly around the management and operation of the Social Work "duty" processes, case-recording, processes around the review of care packages and the HSCPs information management system.

The learning points from the SCR were widely shared, both locally and nationally, including formal presentations to other HSCPs and APCs.

Learning Review

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 "National Guidance for Child Protection Committees Undertaking Learning Reviews", on the basis that this guidance would shortly be followed by tandem guidance for APCs'. 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.

Large-scale Investigations.

Two ASP LSIs' were carried out within this reporting period. Both were in respect of private care homes. Both featured concerns around the quality of care being provided, concerns around adherence to COVID-19 precautions (including measures around the prevention and control of infection) and the staff-related pressures which many care providers experienced during the period of the impact of the pandemic.

In November 2020, an LSI was commenced in respect of Care Home R. The nature and extent of concerns were significant and included the deaths of a number of care home residents. The LSI team was multi-agency based, and extensive, including participation from the HSCP, the Care Inspectorate, Police Scotland, Scottish Care, Independent Advocacy and NHS Ayrshire & Arran. The LSI was Chaired by the Head of Service Community Health and Care Services.

Daily updates on progress were provided to both the APC and COG, in addition to the existing oversight/governance arrangements which had been introduced in light of concerns around the impact of the pandemic.

Significant staffing and management resources (both care and nursing) were provided by the HSCP to address immediate concerns around the safety and care of residents in the care home. Individual ASP referrals were raised where appropriate, with Inquiries and Investigations progressing accordingly. Two cases progressed to ICRs.

Contacts were initiated and maintained with individual residents and their families/legal proxies and all residents' care, and support plans were formally reviewed. Where individual residents were the subject of Guardianship Orders, (with the South Ayrshire Chief Social Work Officer being their legal guardian), steps were taken to move residents to an alternative care provider where their needs would be more appropriately met. Working with the Care Inspectorate, an Improvement Plan was put in place to address the wide-ranging concerns.

Despite the significant efforts by LSI team and staff and managers deployed to support the care home and ensure that residents' basic needs were being met, concerns remained around the capacity of the owner and managers of the care home to sufficiently address the concerns.

Matters were brought to a head when the owner advised the Care Inspectorate of his intention to close the care home on 10th January, giving just 30 days' notice. The priority then was to ensure an orderly transfer of residents to appropriate care settings.

That this was achieved effectively is testimony to the efforts of the partners involved particularly when faced with the challenges of COVID-19 restrictions and the pressures experienced by other care homes as a consequence of COVID-19 restrictions and the impact on staffing across the sector. (The last resident to be placed in an alternative care setting was moved from the care home on Christmas Eve).

The LSI Outcome report identified key learning for partners which resulted in changes to processes that could contribute to more effective monitoring of providers to prevent them deteriorating to the point where an LSI was required. A key point, agreed by all involved, was that the LSI was an exemplar of partnership and multi-agency working and that lessons learned at the start of the pandemic – the need to be able to respond together, quickly, and flexibly – was a key contributor to achieving a satisfactory outcome in this case.

The second LSI was in respect of Care Home B and commenced on 15th September 2021. This followed a number of concerns, raised by both the Care Inspectorate and the South Ayrshire HSCP Care Home Review Team, regarding practices around tissue viability, the fabric and cleanliness of the physical environment and access to hot water. Again, the LSI Team was a broad multi-agency team, with representatives from the South Ayrshire and North Ayrshire HSCPs, the Care Inspectorate, Independent Advocacy and Scottish Care. The care and support plans for individual residents were reviewed and contacts established with the individual residents' families/legal proxies. The management and owners of the care home were co-operative and engaged with the LSI team to address the identified concerns and the HSCP provided significant staffing support to assist (as matters impacted upon the care home's ability to meet the needs of its residents).

An improvement plan was drawn up, which the LSI team had regular oversight of. The APC and COG were kept updated on the progress of the LSI. There were no individual ASP referrals made in this case.

This LSI concluded on 14th October 2021, a month after it commenced. Significant and satisfactory improvements had been made to the care and support provided to residents and the concerns around the physical environment had been addressed. The HSCP Care Home Oversight Group would maintain governance of the further implementation of the improvement plan. The APC and COG were updated on the conclusion of the LSI and would receive further reports on the improvement plan.

ASP Audit activity

Following the work undertaken in preparation of the "Position Statement" for the ASP Inspection, and the recommendations made in the 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 (ICRs/SCRs/Learning Reviews) and 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. 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.

Increased use of “virtual” meetings – increased participation

Since the introduction of COVID-19 restrictions on 23rd March 2020, the use of “virtual” meetings has developed significantly. This has only been possible due to the expansion and improvement of the available ICT infrastructure across South Ayrshire Council and other key partners.

Staff development opportunities have been provided to ensure that practitioners have the knowledge to enable them to comfortably use the technology. This has resulted in multi-agency meetings being able to take place. In many cases, the use of “virtual” meetings has resulted in a higher level of participation as they are a more efficient use of people’s time. In the case of the LSI – Care Home R, “virtual” meetings facilitated a high level of co-operation from the large number of services and individuals involved in the meetings that were being held on an almost daily basis. This had a clear and positive impact on the overall planning, co-ordination, and implementation of actions to ensure people were being kept safe from harm.

Another example of the benefits of “virtual” meetings was with ASP Case Conferences where an overall higher rate of participation and engagement from partners has been reported.

In spite of these clear benefits, it is recognised that service users and people at risk of harm may not have the means to engage “virtually” and we recognise the importance to ensure that individuals are therefore not disadvantaged, and effectively excluded, by an over-reliance on “virtual” meetings.

The “South Ayrshire ASP Processes – Interim Guidance” for use during the COVID-19 Pandemic, clearly directed that ASP Investigations and case Conferences should still be conducted face-to-face where not to do would be to disadvantage the person at risk.

As a consequence and as alluded earlier in this report, a dedicated repository for PPE for Council Officers carrying out ASP duties was set up to ensure that any face-to-face meetings could go ahead safely.

Engagement with Service-users

As with many other ASP partnership areas, South Ayrshire is seeking to improve the extent to which it engages with people and communities who have been subject to, or could benefit from, ASP services. This was an area that was highlighted in the ASP Inspection Report and is part of the ASP Improvement Plan.

In July 2020 the APC had agreed that a structured audit of the experiences of people at risk where their circumstances had resulted in an ASP Investigation should be carried out.

In the period October 2019 – March 2020, 97 people had been the subject of an ASP Investigation, with 25 having progressed to an ASP Case Conference. A series of structured questions were developed to elicit people’s experiences and their views of the ASP process and whether they felt safer as a result – one set for a questionnaire, which would be posted out and returned, and another set for a follow-up telephone interview. A second set of questions was developed which would be used, in the same manner, to gather the experiences and views of families/carers/legal proxies.

This was a significant piece of work, requiring a significant staffing resource. Unfortunately, the results were disappointing. Of the 97 individuals contacted, only 11 engaged in the process; with respect to families/carers/legal proxies, only 8 responded.

While the responses received and the results of telephone conversations carried out were useful, the small return could not reasonably be taken as being a representative, or particularly useful, sample, and didn’t justify the time and effort that went into the exercise.

In August 2021, the Committee agreed that they would engage with The Health and Social Care Alliance (*The Alliance*), a third-sector organisation, one of whose key aims is to “*Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services*”. Following initial discussions, it was agreed that *The Alliance* would carry out a piece of consultative and engagement work on behalf of the APC, to better incorporate people’s views and experiences into the design and delivery of ASP services across the partnership. This work is currently ongoing.

Assistance with Veterans

In January 2021 a study was undertaken of those passing through Police custody who were linked to the Armed Services and what support was being offered. It was highlighted that potentially referrals for support could be increased. This information was shared throughout Ayrshire and the contact details for veterans refreshed. As a result, referrals have increased and been more positive following this. To allow more focussed sharing with Statutory and Third sector partners a marker specific to veterans has been added to the Police Hubs Vulnerable Persons Database.

Training, learning and development

As with other aspects of ASP activity, Learning and Development has been impacted upon by the COVID-19 pandemic.

Up until March 2020 an annual calendar of ASP multiagency Learning and Development was delivered. This was shared with all partner agencies and provided opportunities to engage with ASP Level 1 and Level 2 training. There were typically two sessions for each Level available per month and these were provided free.

In addition to multi-agency learning and development opportunities NHS Ayrshire and Arran staff complete a mandatory online module ASP: Essentials, during induction and repeated every 3 years. During this reporting period 8916 staff completed this learning. Staff are from a wide range of service areas and include nursing, medical, allied health professionals, and ancillary staff. Following the pandemic restrictions, the training calendar was suspended. Virtual trainings sessions were developed (ASP Levels 1 & 2) and delivered from Quarter 3, 2020.

In early 2020, with consideration of the move towards a broader “public protection” agenda, the previous ASP Learning and Development post was incorporated into a new Practice Development (Public Protection) post, part of the new HSCP Practice Development Team. Organisationally, this Team sat with the newly created post of Chief Social Work Officer.

The impact of the pandemic, the creation of the new Practice Development (Public Protection) post, the Adult Social Work Learning Review and changes in personnel combined to have an impact on the level and range of multi-agency learning and practice development activities.

Equally affected was the identification of ASP learning and practice development needs across the Adult Social Work Teams – this is identified as a priority for the Practice Development Team. Associated with this, the ASP

Inspection report highlighted some issues around some key “Social Work” processes and activities, including the compilation and use of chronologies, risk assessment, management and case recording.

While these are not specific to ASP activity, they are a fundamental part of the processes to ensure that individuals are being kept safe and the risk from harm reduced. These issues have been incorporated into the ASP Improvement Plan and bespoke learning and practice development sessions to address these issues have been delivered since the start of 2022. This work is ongoing.

I Am ME - Vulnerable people – Keep Safe Locations

Keep Safe is an award-winning initiative developed in partnership with Police Scotland and *I Am Me Scotland*. The initiative works with a network of local businesses to create 'Keep Safe' places in the community for anyone feeling lost, frightened or who has been a victim of crime. Keep Safe staff are trained to offer assistance if required. The initiative aims to ensure that people feel safe when participating in community life. Many people can feel scared, frightened, or vulnerable when out in the community and this can in many cases lead to social isolation.

Sometimes due to disability or age-related illness, people can easily become disorientated, lost, or become confused, especially in and around unfamiliar surroundings. Keep Safe can offer a reassurance that there is, somewhere, people to seek assistance from if required.

All Police offices in Scotland will be Keep Safe places. South Ayrshire currently has twenty-three keep safe locations registered and the Ayrshire Police Division has undertaken to increase the number of locations.

Pan-Ayrshire ASP Learning and Practice Development

As previously alluded to, South, East and North Ayrshire Adult Protection Partnerships have long-standing arrangements in place for working together on the development of ASP policies, procedures, incorporating the planning and delivery of learning and development activities.

The Ayrshire ASP Learning and Development Committee operates as a sub-group of each of the three partnerships and there are regular (both formal and informal) meetings of the APC Chairs and Lead Officers. Council Officer training in Ayrshire is planned and delivered by the three partnerships, with attendees taking part coming from each of the partnerships.

This has been highly successful and is a very effective way of co-ordinating and delivering the training, ensuring a sufficiency of deliveries to meet demand – while this training tends to be delivered annually, additional sessions have been planned were necessary. During the pandemic restrictions, the statutory status of Council Officer training saw face-to-face delivery of training being maintained, with appropriate COVID-19 risk assessments underpinned by the adherence to infection prevention and control measures.

Plans are in place for the development and delivery of bespoke Council Officer training for Social Workers who work within Justice Services, with delivery in session 2022-23.

This is a significant step forward for South Ayrshire where, traditionally, Justice Services Social Workers were not required to engage in ASP training. (Two South Ayrshire Justice Services Social Workers completed Council Officer training in early 2022).

The three Ayrshire Committees work together to identify areas for development; in addition to Financial Harm, they have previously developed multi-agency guidance on Hoarding and Forced Marriage. They also identify and agree Ayrshire-wide learning and development activities, including an annual Ayrshire ASP seminar.

The December 2021 seminar was held via Microsoft Teams and featured two topics – “The Impact of the COVID-19 Pandemic” and “Predatory Marriage”.

ASP “Five-nations” programme

Members of the Committee and partners participate in the “ASP Five Nations” programme.

Work with SW Team Leaders

Social Work Team leaders have been engaging in a series of ASP practice development sessions, led by the ASP Lead Officer. This has enabled them to engage more purposefully in the development of ASP practices and processes and to contribute to the analysis of the ASP activity data contained within the Committee's ASP Quarterly Report. Plans are in place for the Team Leaders to provide the Committee with case-study examples of good practice and positive outcomes to add a “qualitative” dimension to the data-led Quarterly Report.

Outcome of ICRs/SCRs/LSIs

The Committee maintains oversight of ASP-review activities, including ICRs, SCRs (Now Learning Reviews) and LSIs'. Where there are any identified learning points or recommendations that may have an impact on practice, policy, or procedure, these are shared with partners.

Where there is an Action Plan for their implementation, the Committee maintains oversight of this. The Committee continues to work with HSCP Practice Development to look at ways in which the identification of associated learning and development needs can be met and addressed.

Financial harm

The Committee has discussed the issue of Financial Harm and welcomed the publication of the Ayrshire Financial Harm Guidance. It has been agreed that the three Ayrshire partnerships will carry out further work on Financial Harm, focusing on harm perpetrated by family members, informal carers and those abusing their legal powers (Powers of Attorney and Guardianships).

This reflects the number of concerns around individuals being at risk of, or subject to, Financial Harm from family members or others in a position of trust. Initial discussions have also taken place with the Ayrshire Division of Police Scotland (“U” Division) around the development and delivery of training around issues of criminality, capacity and consent related to Financial Harm. This reflects concerns around a number of cases where allegations of Financial Harm have been made or harm is suspected but there are conflicting views around evidence to support criminal proceedings.

Engagement, involvement, and communication

The Committee recognises the importance of ensuring that the voices and experiences of individuals and communities who have any involvement in ASP inform the development and delivery of ASP processes and activities.

The Committee also recognises the challenges in being able to do this in an effective, purposeful, and non-threatening manner. However, the ASP Inspection report noted *“Adults at risk of harms lived experience did not inform the (South Ayrshire) Adult Protection Committee (APC). This needed to improve”*. The Committee fully accepts this finding, which only adds to their resolve to improve in this key area.

The aforementioned audit (July 2020) of the experiences of service-users and carers highlighted some of the difficulties in engaging with individuals who have experience of the Adult Support and Protection process. While the results received were useful, and, in the main, pointed to positive experiences and people feeling included in the process and feeling safer as a result of the interventions, the very small rate of return makes it difficult to draw wider conclusions. It also evidenced a fairly high level of reluctance of people to be involved in this kind of “engagement” activity. Following this audit, the Committee invited partners to consider other ways in which meaningful engagement could be established and facilitated.

As highlighted previously a key outcome of this was an agreement to engage with *The Alliance* with to view to them carrying out a piece of work on behalf of the Committee, with a view to eliciting the views and experiences of service-users, their carers, and legal proxies. The initial work with *The Alliance* was led by the Chair of the APC.

An initial scoping exercise was agreed, where *The Alliance* would identify a range of South-Ayrshire based community groups to gauge the extent of awareness and understanding of the Committee’s role and function and of ASP more widely. It was anticipated that this would then lead to a further, more tailored piece of work, focused on groups of individuals with experience of ASP processes. The development of this work is ongoing.

Enhanced Communications and use of Social Media

At the start of the pandemic restriction, effective use was made of a newly created HSCP Communications Officer post. This enabled ASP related information and guidance to be developed and posted for the benefit of individuals and communities in South Ayrshire. As the pandemic progressed, more regular use of social media was made.

APC Communication and Engagement sub-group

The Communication and Engagement sub-group had been tasked with looking at ways to improve the overall communication and engagement processes utilised by the Committee and its partners. However, while there were some clear successes (use of social media during the period of pandemic restrictions and the redevelopment of ASP pages on the South Ayrshire Council and public-facing HSCP websites), a number of areas had been satisfactorily addressed. Key challenges which contributed to this were the impact of the pandemic and the general functioning of the sub-group. The effective functioning of the sub-group (as was the case with the two other sub-groups) had been impacted upon by changes in leadership of the sub-group, inconsistency in membership of the group over the period and the difficulties associated with meetings the demands of both the APC and the CPC. Consequently, it will be for the new APC & CPC Chair (who takes up his post in April 2022) to consider a review of the remits, structure and functioning of the Committees’ sub-groups.

Independent Advocacy

The Committee is clear on the value of Independent Advocacy support being available to individuals going through the ASP process. Making high quality independent advocacy services both available and accessible is a key part of ensuring that individuals voices and their preferences are heard and considered in decisions relating to their safety and protection needs.

Circles Advocacy is the local (third sector) provider of independent advocacy services contracted by the HSCP and NHS Ayrshire & Arran to provide such services for adults in South Ayrshire. The Manager of the service sits

on the APC. As part of the wider discussions around improving communication and engagement, it is proposed that consideration be given to exploring the possibility of Circles Network undertaking a process of engagement with individuals (and their carers/legal proxies) on their views and experiences of their involvement in ASP processes. Evidence of positive outcomes from using such a process have been shared by colleagues in other Adult Protection Partnership areas and the Committee is keen to explore this in more detail and identify how/if this could be resourced and delivered. This will be taken forward in 2022-23.

Sexual Assault referral centre

The instigation of "The Willows" facility provides an option for individuals who have experienced rape or sexual assault within the past seven days to have a forensic examination locally. The examination will be provided by a peripatetic team who will travel from Archway in Glasgow. Aftercare and follow-up will be provided locally by a range of services including sexual health services, primary care, and specialist third sector organisations, and this will be co-ordinated by a local Nurse Co-ordinator. The benefits of this Regional Sexual Response Coordination Service will be evaluated.

Domestic Abuse Safeguarding Team (DAST)

APC Partners are supporting the Ayrshire Police who have committed to the continued investigation of domestic crime and the provision of the best services to victims and their families, with the introduction of a new team who will work alongside the existing Domestic Abuse Investigation Unit. From July 2022 the Domestic Abuse Safeguarding Team (DAST) will provide a victim centred approach to creating better outcomes for those affected by domestic violence as well as focussing on prevention through the DSDAS process.

As part of this approach, Ayrshire Division are partners in MARAC for victims of Domestic Abuse.

Challenges and areas for improvement

APC (and CPC) sub-group structures and functioning

The South Ayrshire APC are always environmentally scanning, seeking continual improvement, best practice, and processes to ensure we provide optimal support to the delivery of quality services. We view our sub-groups as the engine rooms of committee business.

The APC recognised that sub-group structures in many other areas across the country have recently evolved to incorporate the interpretation, management and evaluation of information emanating from data produced on a quarterly and yearly basis. South Ayrshire structures have (to some extent) been alive to these factors and business gaps. Additional groups emerged out with the APC structure to address these demands. For example, and notwithstanding the 2021 inspection, ASP had created a Self-evaluation Group under the direction of the Head of Community Health and Care Services.

Currently we have three sub-groups: Policy, Practice & Improvement, Learning & Development, Communication & Engagement. The functioning of these groups during this reporting period has resulted in reflection and inquiry - are they servicing the needs of the Committee? Could the structure, membership input and Terms of Reference be improved?

Over this review period APC recognise that there are at times conflicts of interest, competing demands and differing professional agendas in respect of priorities across the sub-groups as all three have a dual role and responsibility, also serving the needs of the CPC.

Consequently, it is questionable if the current structure has the flexibility and business continuity to address APC priorities in their entirety and in a timely fashion.

We find that priority business, practice improvements and the implementation of learning can on occasions be hampered when (equally as important) emerging CP developments present themselves. A priority risk-management agenda is becoming a core function of the sub-groups, which does not encourage an environment that will inspire confidence and innovation within working practices.

The Committee recognises the need for effective sub-group structures to progress its work and key objectives. The APC intends to consult widely, nationally, and locally, to encourage individual or collective thoughts and opinions around these areas of key business.

Learning and Practice Development

Following the reduction in pandemic restrictions and the creation of the HSPC Practice Development Team, planning for the delivery of ASP related learning and development activities is a key objective for the Committee. Associated with this is the implementation of the post-Inspection ASP Improvement Plan, for which the Committee will retain oversight.

Communication and Engagement

As previously detailed, the Committee has set a priority for more effectively engaging with individuals and communities who have experience of, or have an interest in, adult support and protection processes, procedures, and activities. The initial work carried out by *The Alliance* will be further developed and additional means of communication will be further explored.

The Committee would also seek to promote enhanced engagement via newsletters, blogs, and easier access to online facilities and materials.

Looking forward

We remain focused upon keeping the most vulnerable individuals and communities safe and protected across South Ayrshire. We recognise that the impact and consequences of the pandemic throughout the partnership agencies and within Committee business will remain a challenge to varying degrees for years to come.

Of particular note is the impact COVID-19 has had upon those transitioning through challenging stages of their lives, physical, mental health, and addiction.

We know the War in Europe and economic downturn will increase demand on our collective services, heighten individual and family vulnerabilities, while many people are forced to adapt their lifestyles to cope with loss of employment, increased cost of living, and reduction in financial income. These “big-ticket” items will not detract the Committee from linking into our communities to identify and assess other bespoke challenges.

Missing People, Human Trafficking, Financial Harm, Sextortion, together with increased risks of neglect, self-neglect and hoarding will become more prevalent in the months and years ahead.

With these matters in mind, and with the anticipated onset of new guidance around Learning Reviews, the roll out of the ASP Code of Practice, and the new minimum data set, we want to ensure our APC framework is robust and efficient as we meet these varying challenges.

Our independent Chair and Lead Officer form an integral part of the Minimum Data Set National working group.

We will review the Governance, Functions, Terms of Reference, membership, and outcomes of the APC sub-Groups.

We recognise that we are fairly unique in terms of having three sub-groups aligned to and serving both the APC & CPC business.

Although options remain under consideration, currently we do not have an integrated Public Protection framework and therefore a proposal to (in their entirety or partly) create diverse sub-group structures to provide enhanced effectiveness to core APC business principles & processes, is an agenda we will develop and drive forward.

Looking nationally APCs' have varying numbers of sub-groups with permanent or revolving Chairpersons representing partners across the entire spectrum of the Committee.

However, we agree it is essential that any sub-group structure covers the key APC business areas around: Internal & External Communications, Implementation of Best Practice & Training, Monitor, Audit & Review, advancing tangible strategies that enhances ASP, providing and supporting integrated approaches to wellbeing.

We plan to integrate Trauma Informed Practice into the framework of APC business. South Ayrshire have a newly appointed Trauma Informed Practice Officer who will be included as a permanent APC member and will undertake duties in the sub-committee arena.

As an APC we will seek to apply for early participation in the National Missing Persons Framework Implementation Project. The project will support Police, NHS, Education, and South Ayrshire staff who are directly or indirectly involved in supporting missing children and/or adults and their families. Funded by the Scottish Government we recognise that the programme offers consultancy, training and best practice sharing which will be a significant asset to our multi-agency processes in this vital area. In that regard we will seek methods to isolate missing person data to our own area, as opposed to the current Ayrshire wide process.

As previously alluded to in this report we underwent an ASP inspection in 2021. One particular comment "*Adults at risk of harms lived experience did not inform the (South Ayrshire) Adult Protection Committee (APC). This needed to improve*"; moving forward we will explore the potential for using "Care Opinion", Voluntary Action South Ayrshire (VASA) and working with our Independent Advocacy service to seek the views and experiences of individuals and communities. These measures will be in addition to, and build upon, our work with *The Alliance*.

We plan a staged values based reflective practice session, focusing upon understanding problems, culture & solutions. In the phased planning we would incorporate APC and community engagement which would include those with lived experiences of the services we delivered.