JOINT INSPECTION OF **ADULT SUPPORT AND PROTECTION**

North Ayrshire Partnership, February 2024

Contents

Joint inspection of adult support and protection in the North Ayrshire partnership

Joint inspection partners

Scottish Ministers requested that the Care Inspectorate lead a second phase of joint inspection and development of adult support and protection in collaboration with Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland.

Phase two

This programme follows our phase one inspections. We published an overview report which summarised the findings and key themes identified. Phase two is closely linked to the Scottish Government's improvement plan for adult support and protection, and the national implementation groups which support it.

The joint inspection focus

Phase two joint inspections aim to provide national assurance about individual local partnership[1] areas' effective operations of adult support and protection key processes, and leadership for adult support and protection. We also offer a summary of the partnerships' progress since their inspection in 2017.

Updated codes of practice were published in July 2022. In recognition that adult protection partnerships were at different stages of embedding these, we issued a single question survey to all partnerships in Scotland. This asked respondents to describe their approach to inquiry and investigation work and outline the role of council officers. Twenty-two partnerships responded, and findings showed that practice and adoption across Scotland is variable, with most areas having work to do in this respect. The North Ayrshire partnership indicated full adoption of the codes of practice from March 2023.

The focus of this inspection was on whether adults at risk of harm in the North Ayrshire partnership area were safe, protected and supported.

The joint inspection of the North Ayrshire partnership took place between September and December 2023. We scrutinised the records of adults at risk of harm for the preceding two-year period, from September 2021 to September 2023.

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1 https://www.careinspectorate.com/images/Adult_Support_and_Protection/1._Definition_of_adult_protection_partnership.pdf

Quality indicators

Our quality indicators[2] for these joint inspections are on the Care Inspectorate's website.

Progress statements

To provide Scottish Ministers with timely high-level information, this joint inspection report includes a statement about the partnership's progress in relation to our two key questions.

- How good were the partnership's key processes for adult support and protection?
- How good was the partnership's strategic leadership for adult support and protection?

Joint inspection methodology

In line with the targeted nature of our inspection programme, the methodology for this inspection included five proportionate scrutiny activities.

The analysis of supporting documentary evidence and a position statement submitted by the partnership.

Staff survey. Three hundred and nineteen staff from across the partnership responded to our adult support and protection staff survey. This was issued to a range of health, police, social work and third sector provider organisations. It sought staff views on adult support and protection outcomes for adults at risk of harm, key processes, staff support and training and strategic leadership. The survey was structured to take account of the fact that some staff have more regular and intensive involvement in adult support and protection work than others.

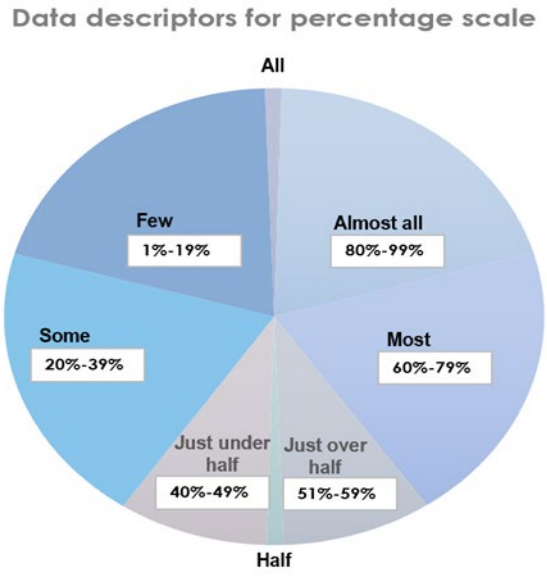
2 https://www.careinspectorate.com/images/documents/5548/Adult%20support%20and%20protection%20quality%20indicator%20framework.pdf

The scrutiny of social work records of adults at risk of harm. This involved the records of 39 adults at risk of harm who did not require any further adult support and protection intervention beyond the initial inquiry stage.

The scrutiny of the health, police, and social work records of adults of risk of harm. This involved the records of 50 adults at risk of harm for whom inquiries used investigative powers under sections 7-10 of the 2007 Act. This included cases where adult support and protection activity proceeded beyond the inquiry with investigative powers stage.

Staff focus groups. We carried out three focus groups and met with 38 members of staff from across the partnership to discuss adult support and protection practice and adults at risk of harm.

Standard terms for percentage ranges



Summary – strengths and priority areas for improvement

Strengths

- Overall, adult support and protection inquiries were undertaken in line with the code of practice. They were of a high quality, prompt and competently determined whether to proceed to full investigation.

- The quality and competence of adult support and protection investigations was a clear strength. They reflected multi-agency contributions and supported effective risk assessment.

- Risk assessment and protection planning was well embedded from an early stage of adult support and protection work through to case conferences. It was collaborative and completed to a high standard.

- Adult support and protection practice guidance, effective processes and well-designed templates ensured consistency and a high quality of council officer practice. Robust oversight further ensured this.

- The creation of an NHS Ayrshire and Arran associate nurse director for public protection and other initiatives, impacted positively on health operational practice and strategic partnerships.

- The partnership's strategic leadership was committed to continuous learning and improvement. This was channelled through well-established, and regularly undertaken, audit and self-evaluation activities.

Priority areas for improvement

- Access to independent advocacy was limited. The partnership aimed to address this through their refreshed advocacy strategy. This should be a priority area for improvement.

- Police Scotland inconsistently applied policy and practice across several areas, which when combined weakened the operational effectiveness of the partnership's adult support and protection activity. These require to be promptly addressed to ensure parity of service levels across the partnership.

How good were the partnership's key processes to keep adults at risk of harm safe, protected and supported?

Key messages

- Initial inquiries met the revised code of practice and effectively determined whether adults were at risk of harm. These were done in a timely manner and consistently concluded at the correct stage of the process.

- Good quality risk assessments and protection plans were in place for almost all adults at risk of harm. These were developed early in key processes. This helped to inform decisions about what was needed to keep adults at risk of harm safe and protected.

- Case conferences effectively determined what was needed to ensure adults at risk of harm were safe, protected and supported.

- NHS Ayrshire and Arran introduced a specialist team and advice line. This was effectively supporting staff with adult protection practice issues. Other such improvements were being considered including improvements relating to large-scale investigations.

- Capacity assessment processes were well embedded. Requests to health for assessment and subsequent responses were undertaken timeously.

- Clear practice guidance and well-designed templates supported effective key processes. Robust social work and health management oversight promoted high quality adult support and protection work. Police Scotland needed to strengthen this area of practice.

- There were significant weaknesses in key areas of police practice. These included the accuracy of resilience matrix assessments, recording of outcomes, use of their escalation protocol and oversight.

- While chronologies were evident in all records their quality was mixed.

- The limited availability of independent advocacy impacted on adults' ability to express their wishes and should be addressed.

We concluded the partnership's key processes for adult support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

Screening and triaging of adult protection concerns.

The local social work office central administrative team received all inter-agency and public adult protection referrals. This system was well resourced through the deployment of a dedicated administrative team. Upon receipt, this team sent them to one of three options. Where cases were already open, referrals were passed to a locality based or specialist social work team. The service access team received protection referrals for adults not already allocated and the multi-agency assessment and screening hub screened all police and domestic abuse referrals. The partnership used a robust arrangement whereby all adult support and protection referrals progressed to an adult support and protection inquiry.

Adult concern referrals were also screened by social work staff. This included front line staff and senior officers, who oversaw the determinations about the three-point criteria and whether to escalate to adult support and protection or not. This system promoted good practice, ensuring indications an adult was at risk of harm were identified and routed through appropriate channels.

Where there were three adult concerns or protection referrals within three months a well embedded escalation protocol was enacted by social work staff. This protocol was reviewed, and an operational memorandum issued by the chief social work officer (CSWO) to improve its use by staff. The partnership's adult support and protection lead officer and learning, and development officer actively supported the screening and triage processes by providing advice and guidance to anyone with a question or query. This strengthened consistency of practice.

Initial inquiries into concerns about adults at risk of harm

The partnership implemented the revised code of practice in March 2023. Investigative powers used were visits, interviews, and examination of records. A well deployed workforce plan focused on council officer capacity and laid a solid foundation to reflect the revised code of practice. As a result, almost all initial inquiries carried out since then were conducted or overseen by a council officer. The partnership effectively amended their initial inquiry template to ensure council officer involvement and management oversight was accurately recorded.

Initial inquiries routinely identified whether adults were at risk of harm and almost always concluded at the correct stage of the process. This evidenced effective oversight and competent decision making. Almost all initial inquiries were completed promptly, in line with the principles of the 2007 Act and their quality was good or better. Most staff surveyed agreed interventions for adults at risk of harm upheld the principles of providing benefit and being the least restrictive option**.** Almost all initial inquiries evidenced effective communication between partners, recorded the three-point criteria and applied it correctly.

Adults subject to inquiries were informed they were considered at risk of harm in just over half of initial inquiries. The partnership needed to highlight to staff the importance of recording this to ensure the adults rights were protected.

Interagency referral discussions

The partnership did not use a formal inter-agency referral discussion model but were considering this within wider pan-Ayrshire adult support and protection forums. Instead, they undertook multi-disciplinary meetings which were convened at different times during the adult support and protection process to facilitate information sharing and collaboration. Local procedures encouraged the use of these effective planning meetings. These provided a mechanism for inter-agency discussions about adults at risk of harm. Effective information sharing, including consideration of risks was supported at these meetings.

Co-location was a strength in terms of early case discussions and joint working. Where staff were not co-located, they knew where to access support. Close working relationships evidenced improvements in feedback to staff making referrals. Another example included the positive working relationships with Police Scotland's Risk and Concern Hub. Overall, there was clear emphasis on information sharing and good inter-agency relationships. There was potential to further strengthen this in the future with a proposed inter-agency referral discussion process.

Inquiries including the use of investigatory powers

Chronologies

Chronologies for adults at risk of harm are an important element of risk assessment and risk management. Positively, chronologies were present for all adults at risk of harm and just under half were rated good or better. The electronic business system stored chronologies in three separate places. This presented staff with some challenges. Creating a single place for chronological information on the system would support better decision making, allow staff to review key information and avoid duplication. The partnership recognised this and was considering a new chronology tool.

Risk assessments

Risk assessments were in place for almost all adults at risk of harm. They were informed by the views of multi-agency partners, with the quality mostly good or better. Those rated good or better were comprehensive and provided a good insight into the person's situation. Local procedures clearly outlined the required standard and the template for risk assessment was well used. Risk assessments were done timeously and reflected the current needs of the adult in almost all cases. Risk assessments were evident early in the adult protection process, were clear about the type and level of risk and effectively supported investigations and protection planning.

Investigations

Importantly, almost all investigations were timely, of a high quality and effectively determined if an adult was at risk of harm. In almost all investigations, council officers and appropriate parties were involved. Where a second worker was required, one was deployed in almost all cases. The involvement of a health professional was required in a few cases but only deployed in half the instances they should have been.

There was a high level of competence and a clear multi-agency dimension which set the foundation required for in-depth analysis of risk and formulation of next steps. The combination of effective information sharing, investigative interviewing, risk assessment and protection planning was instrumental in delivering robust, timely and well recorded investigative processes.

Adult protection initial case conferences

The quality of case conferences was almost always good or better and effectively determined the actions needed to keep the adult safe from harm. Almost all were held promptly which was beneficial to adults at risk of harm.

Almost all adults at risk of harm were invited to their case conference, however attendance thereafter was variable. The reasons for not inviting the adult at risk of harm were recorded in just over half of the case conference minutes. Adults at risk of harm may choose not to attend or may not be invited for legitimate reasons, which should be recorded.

When invited, police attended most and health almost all case conferences. While non-attendance could impact on the quality of case conference decision making, police, health and GPs regularly submitted reports to case conferences. Unpaid carers were invited in most instances and attended just over half of all conferences.

Adults attending or considered at case conferences often lack or have fluctuating capacity. Importantly, access to independent advocacy services limited their contribution. The partnership was addressing this issue but it was too early to determine the impact. Wider participation would enhance the quality of case conferences even more and should be an area the partnership seeks to address.

Adult protection plans / risk management plans

An up-to-date risk management/protection plan was in place for almost all adults at risk of harm when appropriate, and the quality of most was good or better. Good quality and accurate recording in the records evidenced that protection planning was considered, including for adults at risk of harm who did not proceed to initial case conference. This approach was supported by the partnership's local adult support and protection procedure. This promoted the consideration of protection planning prior to, and at case conferences more formally.

Adult protection review case conferences

The multi-agency procedures clearly outlined when a review case conference should take place and what its purpose should be. Most review case conferences were convened when required and all determined the required actions to keep the adult safe**.** All of these were timely in meeting the adults needs and determining what needed to be done to ensure the adult was safe, protected and supported.

Implementation / effectiveness of adult protection plans

All protection plans included the adults' own views. In most cases, individuals were well supported throughout the protection process. This support was good or very good in almost all cases. Staff were committed to ensuring a person-centred approach and most agreed adults at risk of harm participated meaningfully in decisions affecting them. Adult support and protection interventions made a positive difference to the lives of adults at risk who were safer as a result of the support they received.

Large-scale investigations

The partnership reviewed their large-scale investigation procedures taking account of new regional guidance and the national framework. The required work was included with associated training plans. NHS Ayrshire and Arran planned a six-month pilot with a neighbouring partnership. The aim was to support large-scale investigations more consistently in terms of absorbing the learning and strengthening health governance. This was to be the basis for the development of a consistent pan-Ayrshire approach.

The partnership confirmed that three large-scale investigations took place in the last two years. Multi-agency collaboration and communication during these investigations was positive.

Collaborative working to keep adults at risk of harm safe, protected and supported.

Overall effectiveness of collaborative working

Multi-agency and single agency specific policies were in place that incorporated the relevant regional guidance, national frameworks and revised adult support and protection code of practice.

Almost all staff surveyed believed they were supported to work collaboratively and achieve positive outcomes for adults at risk of harm.

Most health records evidenced good information sharing between agencies. Investigations, risk assessments and case conferences routinely demonstrated the gathering and consideration of the views of others. There were notable recent improvements in referral feedback to concerns raised. Social work staff also stated that communication with police and health staff was very good. Police officers shared information appropriately in most cases. There were also collaborative approaches between the alcohol and drug service and mental health officers that supported protection activity.

Health involvement in adult support and protection

NHS Ayrshire and Arran's strategic activity was aligned to the recently issued NHS public protection accountability and assurance framework. Commendably, they recently invested significantly in their public protection service with the establishment of a specialist team and the appointment of an executive level associate nurse director post. They intended to implement a public protection strategic governance group in early 2024. These initiatives indicated NHS Ayrshire and Arran's commitment to improve leadership and oversight for adult support and protection. Operational investment was evident in the recent establishment of an NHS adult support and protection advice line. This offered health staff valuable support and guidance regarding adult support and protection concerns, providing the opportunity to improve adult support and protection practice.

Health professionals from a range of disciplines effectively contributed to adult support and protection activity. There were good examples of information sharing and collaboration with multi-agency colleagues to support better outcomes for adults. Adult support and protection related documentation and record keeping by health professionals was present in most cases. An example of good practice related to the expansion and refining of alerts for staff in relevant clinical records regarding adults subject to adult support and protection activity.

However, in some cases, there was no documentation relating to adult support and protection concerns where it would have been expected. Health staff attended almost all case conferences.

Currently there is not an agreed process for health to undertake the role of second worker and there was more work for the partnership to do to improve this area of work.

All adult support and protection referrals from health staff were typically from community health settings. In most cases, health staff who made adult support and protection referrals received feedback.

Capacity and assessment of capacity

Some adults at risk of harm required a capacity assessment and in almost all of these instances a request was made for assessment to health. Positively, these were carried out promptly nearly every time. Assessments were appropriately carried out by either general practitioners or consultants from different specialisms. Where necessary these assessments supported actions under the Adults with Incapacity (Scotland) Act 2000 to keep adults at risk of harm safe. Requests for capacity assessments were well supported by clear staff guidance. The system for requesting and receiving timely capacity assessments was working well, which supported the effective delivery of adult support and protection processes.

Police involvement in adult support and protection

Contacts made to the police about adults at risk were always effectively assessed for threat of harm, risk, investigative opportunity, vulnerability, and engagement (THRIVE). Less positively, most cases had an inaccurate STORM Disposal Code (record of incident type). This had the potential to adversely impact on early decisions about whether adults should be subject to onward referral to social work and adult protection activity. This was an area for improvement.

In most cases the initial attending officers' actions were evaluated as good or better but there remained room for improvement in this area of practice. The assessment of risk of harm, vulnerability and wellbeing was accurate and informative in almost all cases. In incidents involving offending behaviour, opportunities were missed for the focus on the individual's vulnerabilities in addition to the crime. This is an area for improvement. The wishes and feelings of the adult were almost always appropriately considered and recorded.

Where adult concerns were recorded, officers did so efficiently and promptly on all occasions, using the interim vulnerable persons database (iVPD).

In most instances frontline supervisory input was evident, however this was frequently found to be perfunctory, whereby the recorded content was not meaningful or relevant to circumstances under consideration. More

effective supervision of cases would address the areas for improvement in practice we identified.

Divisional Concern Hub (DCH) staff actions/records were good or better in just over half of cases. Decisions and judgments made by officers needed to improve to avoid poor outcomes for adults at risk of harm. More positively, a resilience matrix and relevant narrative of police concerns were recorded in most instances, however it was determined that resilience matrix research and assessments were inconsistent. Standardisation of appropriate and relevant research, and narrative detailing adversities experienced by the vulnerable adult, may improve qualitative information sharing with partners. Almost all referrals were shared by the DCH timeously to partners.

We were assured by the commitment of Police Scotland in the creation of a community wellbeing unit. This tasked officers to develop solutions, with statutory and third sector partners, to improve the wellbeing of individuals who placed the greatest demands on services. This unit offered opportunities to build on existing relationships and enhanced a collaborative approach to complex or protracted cases. However, the merit of this unit was not visible in the records read and its role in supporting adult support and protection procedures was unclear amongst staff involved.

The initiation of an escalation protocol review (instances of repeat police involvement) was inconsistent. Practice improvement should be introduced when analysing patterns of emerging concerns and proportionate interventions based on risk of harm, aimed at improving the safety and wellbeing of vulnerable adults. Opportunities remained to further develop existing local practice, by involving local area command in response or protection planning.

The police attended case conferences on most occasions when invited. It was evident that the police were not invited to most case conferences. Notably it was viewed that there was a significant number where a police contribution may have improved outcomes for vulnerable adults.

Third sector and independent sector provider involvement

Overall, the third and independent sectors made a few adult support and protection referrals. The third sector provided additional support when required in complex protection work in just under half of cases, working alongside the statutory sector. The third and independent sectors provided a strong supporting role within the adult support and protection partnership.

Key adult support and protection practices

Information sharing

Almost all staff surveyed agreed they fully understood their role and what to do if they were concerned about an adult at risk of harm. Information sharing between agencies was effective and timely. For example, feedback to referring agencies was noted to be improving.

Partners shared information in almost all cases. Police Scotland developed a method of flagging the addresses of vulnerable people to assist with responses. In almost all cases police interim vulnerable persons database information was effectively shared from the hub to partners. This was done in a timely manner. The police also introduced community wellbeing officers with links to those undertaking adult protection activities but there was uncertainty amongst staff about the role, limiting its potential benefits.

Management oversight and governance

Records demonstrated that decisions and or discussion from supervision were recorded in most cases and in almost all cases a line manager periodically read the records. On an individual agency basis, commendably governance was present in almost all social work records. The electronic template guided the need for oversight to be clearly and accurately indicated on the business support system. Similar positives were evident in most health and police records.

Front line managers were guided by the supportive recording format to provide clear and accurate oversight on the business support system.

Involvement and support for adults at risk of harm

Work with adults at risk of harm was person centred. Better recording of case conferences would showcase staff's good work more accurately. Particularly in relation to support provided ahead of case conferences. Where adults attended, they were effectively supported.

Adults at risk of harms' views were sought by staff and considered throughout the process. Beyond this any potential barriers to involvement were addressed in nearly all cases. The support provided to adults at risk in this regard was as good or better in almost all cases. Nearly all cases indicated that unpaid carers were involved and consulted throughout the process.

Independent advocacy

Independent advocacy was offered in most cases where appropriate but was only accepted and received in some cases. For those who received

this service, it was provided timeously in most instances. Independent advocacy only assisted the person to articulate their view in half of these cases indicating the quality of intervention needed to improve.

The availability of advocacy was limited in practice with the service experiencing recruitment and retention issues. This was acknowledged by the partnership's strategic leadership team and a new strategy was drafted to address this important area for improvement.

Financial harm and alleged perpetrators of all types of harm

Financial harm was the most prominent type of harm where support and protection went beyond the initial inquiry stage. The partnership acted and succeeded in stopping financial harm for almost all adults at risk of harm affected. There was a multi-agency approach for most adults at risk of harm which also included work with financial institutions. The overall effectiveness of the protective actions taken was rated as good or very good.

There was an alleged perpetrator in just under half of cases, almost all of whom were known to the partnership. The partnership acted against these individuals in most instances. The partnership carried out work with all perpetrators of harm where appropriate. The quality and overall effectiveness of this work was good or very good in almost all cases.

Safety outcomes for adults at risk of harm

Almost all individuals' circumstances were improved in terms of their safety and protection. The positive impact of multi-agency working within adult support and protection activity was the primary factor in the improved safety and wellbeing for adults at risk of harm. Most staff surveyed believed that adults experienced a safer quality of life because of the support they received, and our inspection supported this view. Almost all positive outcomes were due to either multi-agency working or social work involvement.

Adult support and protection training

Most staff agreed that participation in regular, local multi-agency training and development opportunities strengthened their contribution to adult support and protection joint working. Adult support and protection training was made available and almost all staff were confident the partnership provided the right level of mandatory training for all staff groups. They were also positive about training underpinning their knowledge, skills, and confidence to undertake the role required of them. In addition, almost all felt the training allowed them to understand risks in the context of adult support and protection. Regarding council officer training, almost all felt that this underpinned their understanding of legislation, duties and role.

How good was the partnership's strategic leadership for adult support and protection?

Key messages

- The strategic leadership team's clear vision was threaded through strategic documents and well understood by staff at all levels. This supported a positive adult support and protection culture across the partnership.

- There was effective strategic leadership and governance of adult support and protection. Oversight of performance was strong throughout social work and health.

- Although there was no apparent detriment to the partnership's overall performance, Police Scotland needed to improve operational oversight of systems and practice.

- There was a strong commitment to engagement shown by the partnership. Multiple initiatives were in place but more progress was needed to enhance the voice of lived experience in the work of the adult protection committee.

- NHS Ayrshire and Arran was a committed adult support and protection strategic partner. They introduced an associate nurse director for public protection role and various other initiatives that supported good practice.

- The partnership delivered competent, effective and collaborative adult support and protection practice. Adult support and protection was clearly prioritised and supported accordingly by strategic leaders. Innovation was a positive feature of partnership work.

- There was a robust approach to single, multi-agency and thematic audits and self-evaluations by the partnership. The programme was timetabled and underpinned by quality indicators. Performance reporting underpinned this quality work and evidence of findings led to strategic leadership promotion of improvement.

We concluded the partnership's strategic leadership for adult support and protection was very effective and demonstrated major strengths supporting positive experiences and outcomes for adults at risk of harm.

Vision and strategy

The partnership had a clear and collaborative vision for adult support and protection. This was aligned to and threaded through key strategic documents including the adult protection committee business plan. This reflected positively on staff who were positive about the leadership's vision for adult support and protection and organisational culture that existed.

Awareness raising was an action on the adult protection committee's business plan. Actions taken included participation in adult support and protection awareness days, community engagement opportunities, and use of social media. The senior officer adult support and protection also attended locality planning groups and care provider forums to raise awareness of adult support and protection.

The local people's panel survey results showed a small but growing awareness of adult support and protection issues. Importantly, many respondents indicated they knew how to raise adult protection concerns with social work services. The good work being undertaken was having a positive impact.

Effectiveness of strategic leadership and governance for adult support and protection across partnership

Most staff agreed leadership from the adult protection committee was effective. There was evidence of this in the positive working relationships between the adult protection committee and the chief officers' group. The chief social work officer, directors, and heads of service all regularly attended the chief officers' group and the adult protection committee. There was a clear commitment at senior management level to adult support and protection. The adult protection committee's work was guided by their business plan and underpinned by a multi-agency self-evaluation framework, which was evident in the work they oversaw. Members of the adult protection committee and chief officers' group attended a purposeful joint annual development session that strengthened and maintained effective working relationships.

The partnership was an early adopter of the Scottish Government's revised code of practice and effectively updated its key processes and procedures to align with them. The key change in this regard was ensuring council officer availability to undertake or oversee all adult protection activity. This was informed by workforce analysis and the subsequent change processes that supported staff to make the effective transition to a new way of working.

The partnership successfully drove a range of evidence-based improvement activity. This included NHS Ayrshire & Arran's remodelling of their public protection services through the establishment of a purposeful

specialist NHS team and advice line, which proved valuable. It also included a promising NHS board pilot to support large-scale investigations. This aimed to develop central oversight of health staff involvement in large-scale investigation activity, provide easy access to health staff to support investigations and support dissemination of learning. This included staff briefings and reflection sessions.

There were some areas of improvement for the police. While overall oversight of change and improvement was effective across social work and health, more work needed done at the chief officer group and adult protection committee level to ensure the police contribution was as effective and strong as partner agencies.

Effectiveness of leaders' engagement with adults at risk of harm and their unpaid carers

The partnership was committed to improving the involvement of adults at risk of harm and their unpaid carers in the work of the adult protection committee. Sound processes were in place to elicit the experiences of adults and carers involved in adult support and protection processes. Audits were focussed on evaluating the strength of this. There was a supporting commitment to raise awareness of trauma informed practice across partnership staff groups linked to training plans.

The Adult Protection Committee (APC) was committed to including adults with lived experience and unpaid carers in their work too. The multi-agency self-evaluation framework incorporated an aim to include interviews with adults at risk of harm to better understand their experience of adult support and protection. Other initiatives they took included social media campaigns, discussions with stakeholder groups, locality forums and staff working with engagement and carers groups. The adult protection committee monitored the impact of its engagement work.

Overall, the partnership was undertaking good engagement work but acknowledged it needed to strengthen adult and carer representation on to the APC and associated strategic groups.

Delivery of competent, effective and collaborative adult support and protection practice

The partnership undertook activity to support effective collaboration. The chief social work officer (CSWO) and public protection lead officers' group was established to support the CSWO discharge their role as outlined by Scottish Government in relation to public protection. This group offered cogent professional support, advice, and guidance on public protection issues. It also facilitated collaborative working across the partnership, through consideration of cross cutting public protection themes, supporting a whole system approach.

The improvement sub-group of the adult protection committee oversaw multi-agency improvement work including where self-harm and suicide were risks. This was supported by police, social work, health, the Scottish Fire and Rescue Service and the local suicide prevention manager. In addition to this, the multi-agency procedure was clear that high risk cases should be escalated to senior management for consideration. NHS Ayrshire and Arran created posts to support collaboration on the adult support and protection agenda. They also published new staff policy and case conference guidance and the police have initiated a method of identifying vulnerable households to aid responses. There was also a NHS board pilot with a neighbouring partnership around large-scale investigations to be rolled out if successful. The aim of the work was to contribute to large-scale investigation initial discussions and offer partners easy access to health support for these investigations.

The escalation process for people who were repeatedly referred was comprehensive and supportive. The partnership was also progressing a multi-agency high-risk screening group that accepted referrals from across the partnership. Overall, the role of the CSWO within the public protection process was evident both in terms of their level of involvement and their accessibility to staff in this regard. It was also identified that the care home oversight group continued. This assured quality and provided a forum for escalating of issues relating to care quality, and concerns about safety and sustainability.

Quality assurance, self-evaluation and improvement activity

There was a multi-agency self-evaluation framework in place within the partnership. Commendably, the approach included rolling single and multi-agency audits and thematic activity where practice themes and trends were identified in performance report data. There was a well laid out calendar of activity and quality indicators supporting the framework. NHS Ayrshire and Arran participated in a national test of change to develop a toolkit and reporting template for the NHS Public Protection Accountability and Assurance Framework (PPAAF) published by the Scottish Government in October 2022. The adult support and protection improvement group provide professional oversight for all subsequent improvement activity and was well connected to all necessary strategic governance and oversight groups including public protection.

As a result, the chief officers' and adult protection committee were well informed on areas of operational performance which required review and improvement through the effective analysis of key performance measures. Examples of transformational change related to capacity of assessments and the initial escalation process. Performance reports highlighted areas for improvement and decisive directions were made by leaders, including the CSWO, providing clarity. This impacted positively on practice.

The adult protection committee developed a two-year business plan incorporating an improvement plan. This was based upon themes from the biennial report. This demonstrated an effective strategic link between improvement actions identified within their statutory reporting and the stated actions of the adult protection committee. The plan was SMART and clearly outlined areas for improvement with identified timelines and personnel responsible. Improvement was clearly central to the focus of the adult protection committee and drove its vision.

Learning reviews

Joint guidance was in place on a pan Ayrshire basis for adult and child protection reviews. One review was completed since its implementation and the decisions and need for further action were evaluated. The partnership also identified an opportunity to enhance the support of reviews through greater health involvement, with the NHS Ayrshire and Arran adult support and protection team.

The partnership also took advantage of relevant learning from nationally available reviews. The partnership disseminated learning and produced new procedures based upon reviews and delivered multi-agency reflective practice events. These included a helpful focus upon ascertaining what the committee could offer to support practitioners.

Summary

Key processes

Overall, the quality of North Ayrshire's adult support and protection work across social work and health is commendable. While there is always room for improvement performance was strong and collaborative in every area of core adult support and protection business including inquiries, investigations, risk assessments and protection planning. This reflected our findings in the 2017 inspection and was evidence of the partnership's sustainability and push for excellence. Police Scotland were not performing as well as in 2017, but this did not detract from the overall performance of the partnership.

The 2017 joint inspection made a few recommendations for improvement. Amongst them was how independent advocacy was offered to adults at risk of harm who needed this service. The impact of the Covid-19 pandemic and recruitment and retention issues impacted on the partnership's ability to address this. Evidence of some progress was made in that advocacy was now offered more consistently by staff but was not routinely accepted. Where it was accepted the quality was mixed. Accessing advocacy was challenging caused by recruitment and retention issues. A new strategy has been drafted that needs to begin addressing this long-standing issue.

Strategic leadership

In 2017, strategic leaders drove good partnership working and embedded a positive adult support and protection culture. There was clear evidence of self-evaluation activity delivering improvements with sound governance in place. This 2023 inspection has reached the same conclusion driven by a shared vision and positive working culture.

Well planned and regular self-evaluation and audit work continued. This informed the work of the adult protection committee which had a good working relationship with the chief officers' group. There were clear examples in the three statutory agencies of well thought-out developments that enhanced and improved the safety, health, and wellbeing of adults at risk of harm.

There was a strong connection between the adult protection committee and the chief officers' group linking the committees remit and activity across the public protection arena. Awareness raising work was going on around promotion of the adult support and protection agenda. This was plugged into community networks.

Finally, the leadership team were closely connected to practice and demonstrated an understanding of the issues that required to be addressed. This is in part driven by a well-placed and proactive strategic leadership team who were visible and accessible to the workforce who appreciated this.

Next steps

We asked the North Ayrshire partnership to prepare an improvement plan to address the priority areas for improvement we identify. The Care Inspectorate, through its link inspector, Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland will monitor progress implementing this plan.

Appendix 1 – core data set

Scrutiny of recordings results and staff survey results about initial inquiries – key process 1

Initial inquiries into concerns about adults at risk of harm scrutiny recordings of initial inquiries

- 97% of initial inquiries were in line with the principles of the ASP Act
- 100% of adult at risk of harm episodes were passed from the concern hub to the HSCP in good time
- 92% of episodes where the application of the three-point criteria was clearly recorded by the HSCP
- 90% of episodes where the three-point criteria was applied correctly by the HSCP
- 82% of episodes were progressed timeously by the HSCP
- Of those that were delayed, 43% less than one week, 0% one to two weeks, 29% two weeks to one month, 14% one to three months, 14% more than three months
- 95% of episodes evidenced management oversight of decision making
- 80% of episodes were rated good or better.
- 67% of initial inquiries used investigative powers, 79% of initial inquiries done by a council officer

Staff survey results on initial inquiries

- 93% concur they are aware of the three-point criteria and how it applies to adults at risk of harm, 4% did not concur, 3% didn't know
- 79% concur that interventions for adults at risk of harm uphold the Act's principles of providing benefit and being the least restrictive option, 7% did not concur, 14% didn't know
- 78% concur they are confident that the partnership deals with initial adult at risk of harm concerns effectively, 11% did not concur, 11% didn't know

Information sharing among partners for initial inquiries

- 87% of episodes evidenced communication among partners

File reading results 2: for 50 adults at risk of harm, staff survey results (purple)

Chronologies

- 100% of adults at risk of harm had a chronology
- 42% of chronologies were rated good or better, 58% adequate or worse

Risk assessment and adult protection plans

- 98% of adults at risk of harm had a risk assessment
- 63% of risk assessments were rated good or better
- 86% of adults at risk of harm had a risk management / protection plan (when appropriate)
- 69% of protection plans were rated good or better, 30% were rated adequate or worse

Full investigations

- 94% of investigations effectively determined if an adult was at risk of harm
- 82% of investigations were carried out timeously
- 86% of investigations were rated good or better

Adult protection case conferences

- 83% were convened when required
- 84% were convened timeously
- 31% were attended by the adult at risk of harm (when invited)
- Police attended 63%, health 78% (when invited)
- 88% of case conferences were rated good or better for quality
- 92% effectively determined actions to keep the adult safe

Adult protection review case conferences

- 75% of review case conferences were convened when required
- 100% of review case conferences determined the required actions to keep the adult safe

Police involvement in adult support and protection

- 100% of adult protection concerns were sent to the HSCP in a timely manner
- 63% of inquiry officers' actions were rated good or better
- 58% of concern hub officers' actions were rated good or better

Health involvement in adult support and protection

- 81% good or better rating for the contribution of health professionals to improved safety and protection outcomes for adults at risk of harm
- 74% good or better rating for the quality of ASP recording in health records
- 78% rated good or better for quality information sharing and collaboration recorded in health records

File reading results 3: 50 adults at risk of harm and staff survey results (purple)

Information sharing

- 98% of cases evidenced partners sharing information
- 98% of those cases local authority staff shared information appropriately and effectively
- 73% of those cases police shared information appropriately and effectively
- 84% of those cases health staff shared information effectively

Management oversight and governance

- 88% of adults at risk of harm records were read by a line manager
- Evidence of governance shown in records - social work 88%, police 62%, health 75%

Involvement and support for adults at risk of harm

- 79% of adults at risk of harm had support throughout their adult protection journey
- 86% were rated good or better for overall quality of support to adult at risk of harm
- 79% concur adults at risk of harm are supported to participate meaningfully in ASP decisions that affect their lives, 9% did not concur, 12% didn't know

Independent advocacy

- 77% of adults at risk of harm were offered independent advocacy
- 22% of those offered, accepted and received advocacy
- 67% of adults at risk of harm who received advocacy got it timeously.

Capacity and assessments of capacity

- 88% of adults where there were concerns about capacity had a request to health for an assessment of capacity
- 73% of these adults had their capacity assessed by health
- 91% of capacity assessments done by health were done timeously

Financial harm and all perpetrators of harm

- 26% of adults at risk of harm were subject to financial harm
- 77% of partners' actions to stop financial harm were rated good or better
- 86% of partners' actions against known harm perpetrators were rated good or better

Safety and additional support outcomes

- 88% of adults at risk of harm had some improvement for safety and protection
- 94% of adults at risk of harm who needed additional support received it
- 73% concur adults subject to ASP, experience safer quality of life from the support they receive, 12% did not concur, 15% didn't know

Staff survey results about strategic leadership

Vision and strategy

- 68% concur local leaders provide staff with clear vision for their adult support and protection work. 12% did not concur, 21% didn't know

Effectiveness of leadership and governance for adult support and protection across partnership

- 69% concur local leadership of ASP across partnership is effective, 9% did not concur, 23% didn't know
- 68% concur I feel confident there is effective leadership from adult protection committee, 8% did not concur, 24% didn't know
- 50% concur local leaders work effectively to raise public awareness of ASP, 18% did not concur, 33% didn't know

Quality assurance, self-evaluation, and improvement activity

- 56% concur leaders evaluate the impact of what we do, and this informs improvement of ASP work across adult services, 13% did not concur, 31% didn't know
- 61% concur ASP changes and developments are integrated and well managed across partnership, 12% did not concur, 27% didn't know