



Orkney Public Protection Committee

Adult Protection

Biennial report 2022-24



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Introduction

Partnership work remains as a cornerstone of the delivery of Adult Support and Protection. The oversight provided by the Orkney Public Protection Committee has provided the platform for partner agencies to contribute to the improvements in the delivery of protection services, with the active involvement of Health, Police and voluntary sector colleagues working with Orkney Islands Council and social care staff. Everyone has a part to play in maintaining safety for adults in Orkney. This partnership work is evident in the production and launch of multi-agency procedures accompanied by a comprehensive training programme delivered to staff across all agencies, heightening awareness, and embedding practices throughout services

I am therefore very pleased to introduce the Orkney Adult Protection Biennial Report 2022-24 and my thanks to colleagues in the Partnership for their support in this. The Adult Protection service provided by Orkney was subject to inspection by the Care Inspectorate during the period of this review. While we were disappointed in the inspection findings, we nevertheless concluded that they added to the ongoing improvement agenda we had commenced and which is demonstrated in this Biennial Report, in the number of referrals, the training agenda and new procedures, in staff engagement and in improved outcomes for service users.

Orkney continued to see changes in staffing although service staff levels have remained challenging. These included a change of Orkney Public Protection Committee Independent Chair as I took on the role in 2023. The introduction of the Public Protection Lead Officer and Public Protection Training and Development Officer roles have supported strategic developments and provided additional significant capacity and energy to our services. The Service Manager for Adult Services, has continued to enable a wide range of developments across the services which are demonstrated through the report. My thanks are due to them and to colleagues in our partner services and to our committee members and especially to Lorraine Hunter in supporting the many aspects of public protection activity..

Alex Davidson, Chair of the Orkney Public Protection Committee – September 2024

Background

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

Section 46 of the Act requires the Convenors of Adult Protection Committees to produce a biennial report analysing, reviewing, and commenting on APC functions and activities in the preceding two years, and this report reflects activities and actions in Orkney, led by the Public Protection Committee, and assisted by our Chief Officers Group.

Activity in Orkney has been driven by a period of reflection and analysis on adult protection activity, with a comprehensive review undertaken and an improvement plan agreed by partners to radically shift performance and standards in adult protection work. There has been significant work undertaken by a range of staff across agencies to embed more fully adult support and protection work, demonstrated by increased activity levels. Currently Orkney has 1 Service Manager for Adult Social Work, 2 Team Managers, 5 Full Time Social Workers (1 Current Vacancy), 4 part time Social Workers (total equivalent of 2 FTE), 2 Social Workers within the Community Mental Health Team, 1 part time Social Worker (0.5 FTE) in Home First, and through our “Grow your own Policy” 1 social worker who is due to complete transition into a permanent post in September 2024. In addition, 1 Full time Adult Social Work is due to commence in May 2024 in the position of reviewing Officer. Staffing issues do remain challenging, and committee regularly reviews the current and changing position.

The work of the combined Orkney Public Protection Committee (child and adult protection) is overseen by the Chief Officers Group who providing leadership, scrutiny, support and guidance to public protection in Orkney.

These two multi-agency fora, include representation from the Local Authority, NHS Orkney, Police Scotland, The Care Inspectorate, and voluntary organisations, and provides leadership and direction to the public protection agenda, child and adult support and protection and to violence against women.

Adult Support and Protection Inspection and Audit

The Joint inspection of Adult Support and Protection in the Orkney Partnership occurred between the 31 October 2022 and 11 April 2023 when the report was published. This inspection saw analysis of supporting documentation and evidence, a staff survey to 172 staff across the partnership.

Upon publication of the report the following summary of strengths and development areas was shared:

Strengths

- Partnership staff worked collaboratively to support and protect adults at risk of harm.
- The partnership commissioned an independent evaluation of multi-agency ASP processes in 2021. The findings provided a baseline for some essential improvements.
- The partnership collaborated with a higher education provider to create opportunities for staff to achieve professional social work qualifications. This was an innovative way to address challenging recruitment issues.



Priority areas for improvement.

- Strategic leaders should ensure the delivery of competent and effective ASP key processes for all adults at risk of harm in line with their statutory responsibilities.
- Risk assessment, chronologies, investigations, and protection planning all require immediate improvement.
- Change and improvement following the independent review in 2021 needs to be accelerated. ASP should be a critical improvement priority for strategic leaders across the partnership.
- The partnership's strategic oversight of progress should be strengthened. Effective governance and quality assurance arrangements are needed to support improvements in practice.
- The involvement of adults at risk of harm at all stages of the ASP process should be improved.
- Strategic planning and decision making should be informed by the lived experience of adults at risk of harm and their unpaid carers.

Following inspection, the Adult Support and Protection Improvement Plan was developed in consultation with partners and was submitted to the Care Inspectorate. Workstreams have commenced upon the identified areas and at the time of writing most actions are completed.

Adult Support and Protection Audits

Internal audits have become an integral part of scrutiny and measurement of development in recent years. This has involved the scrutiny of social work records on PARIS (the electronic case record system) of adults at risk of harm referred between January and September 2023.

During that period 40 ASP referrals relating to 35 adults were received by the Adults Social Work Team as being at risk of harm. This included 24 adults at risk of harm who did not progress beyond adult support and protection inquiry stage. Of the remaining 11 adults who reached investigation stage, under 5 proceeded to an ASP case conference. There were no Large-Scale Investigations during this period.

Key processes within the Adult Social Work Service have shown improvement since the national Joint Inspection of Adult Support and Protection (report published April 2023). There is scope for further improvement.

1. Ensure that existing Social Work staff are trained and competent to undertake the role of Council Officer.
 - 5 Day Training Completed February 2024
2. Amend PARIS to add a Case Note heading of 'Adult Protection'.
 - Implemented Q3 2023/24
3. Amend the wording on the Adult Protection Duty to Inquire form to consistently read '*unable to safeguard...*'.
 - Implemented over 2023
4. Ensure that advocacy is consistently offered and recorded.
 - Partnership due to re-engage services of Advocacy Orkney in Q1 2024/25
5. Clarify when chronologies should be completed and where they should be stored on PARIS.
 - Clarity exists as to when chronologies should be completed.
 - Storage on PARIS occurs however discussion on agreed location of storage is ongoing with PARIS development team.
6. Ensure clear recording of management oversight.
 - Audits have shown this oversight can be achieved through use of the supervision tab within PARIS and this is being explored.
7. Clarify when a full Risk Assessment should be completed with thresholds met, and which document template to use.
 - Risk Assessment Development sessions undertaken with Service in February 2024. Full implementation due to occur over 2024/25.

Key Priorities for 2024 - 26

- The focus on strong support and protection services remains our priority, through engagement with service users and with partnership colleagues.
- The support needs of Social Workers and Social Care Workers as well as all Health, Education, Police, Third Sector, Private Sector, Local Authority staff, Volunteers, and all Social Care partners, remain a priority
- The implementation of and Self Neglect and Hoarding Protocol and Toolkit
- Continued audit of risk planning and chronologies.
- Implementation of Financial Harm Practitioner Guidance
- To increase Trauma Awareness amongst the partnership protection services
- Deliver Adult Support and Protection Training to all Social Care services
- To have a dedicated space upon Local Authority Website for Adult Support & Protection
- Capturing and recognising the voices and experiences of those with lived experiences

Engaging with our communities and sharing the experiences of how we have collectively dealt with the pandemic is central to how the partnership continues to work together to effectively support our most vulnerable people.

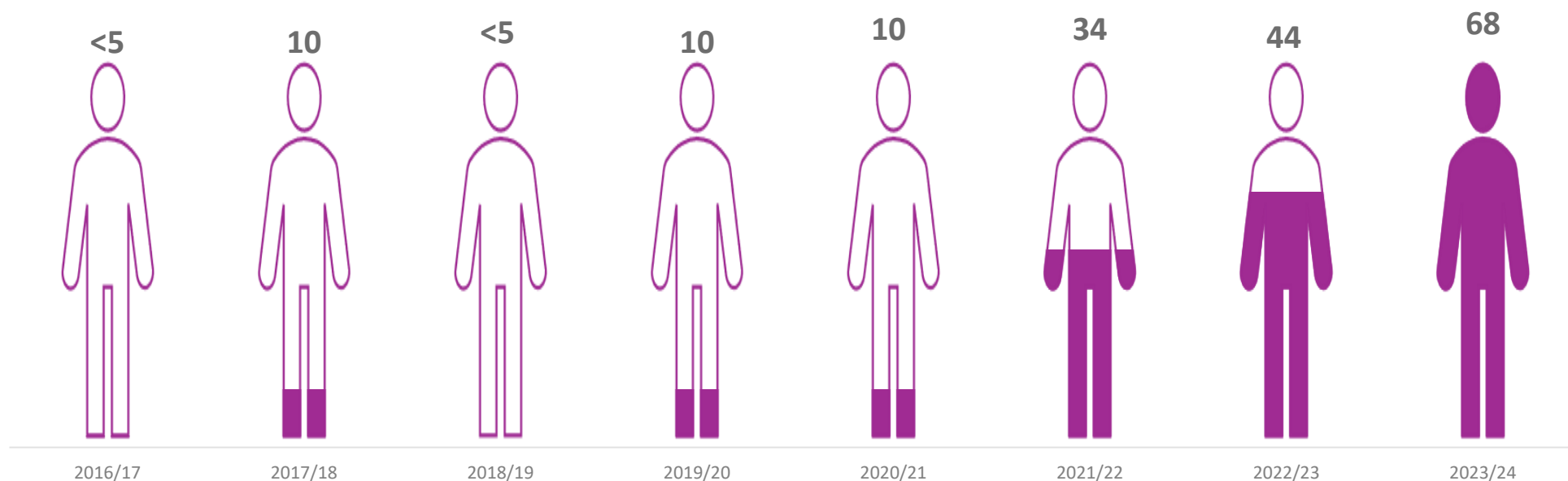
Data and Analysis

Work has been undertaken to improve upon the consistency of how data is recorded which has resulted in some changes to data.

Areas have seen the introduction of specified categories to support reporting and analysis over the period. Work will continue to improve regular committed reporting.

Due to the small population of Orkney, the reporting of small numbers make it possible to identify individuals. To reduce this risk, potentially identifiable figures have been removed from the reporting of data analysis, replaced with a value of "<5".

ASP Activity - Today compared to Previous years

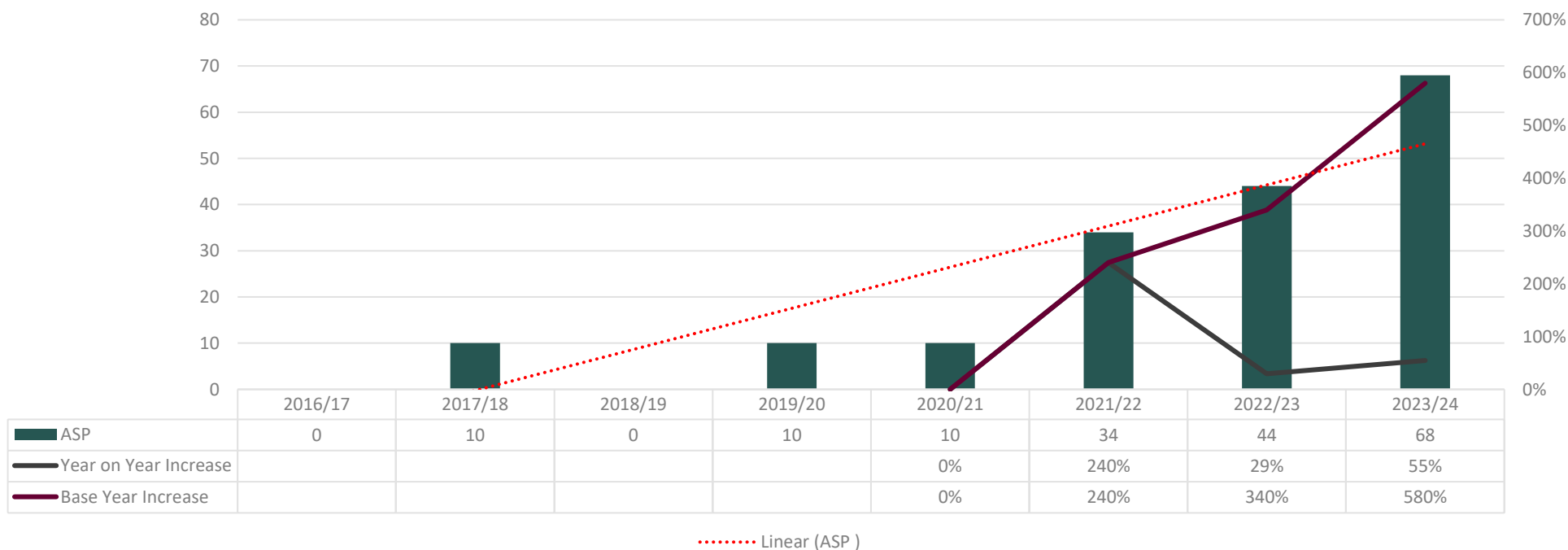


ASP referrals have increased considerably since 2016 but with marked improvement from 200/21 following review of practice. The Service have been proactive through the use of "ASP Bitesized" Training, which partnered with increased discussions with partners, ASP

awareness raising through OIC social media and proactive working and conversations, the awareness of ASP has increased with more partners referring than in previous years.

Annual figures have increased from a low of 2 in 2016/17 to their highest point of 44 in 2022/23, this was 10 higher than the previous figures in 2020/21 (34). Growth has been significant but importantly has sustained placing increased pressure upon services.

Adult Support and Protection Activity



*** Over the recorded period, 10 adults per year presented a relative baseline for activity.**

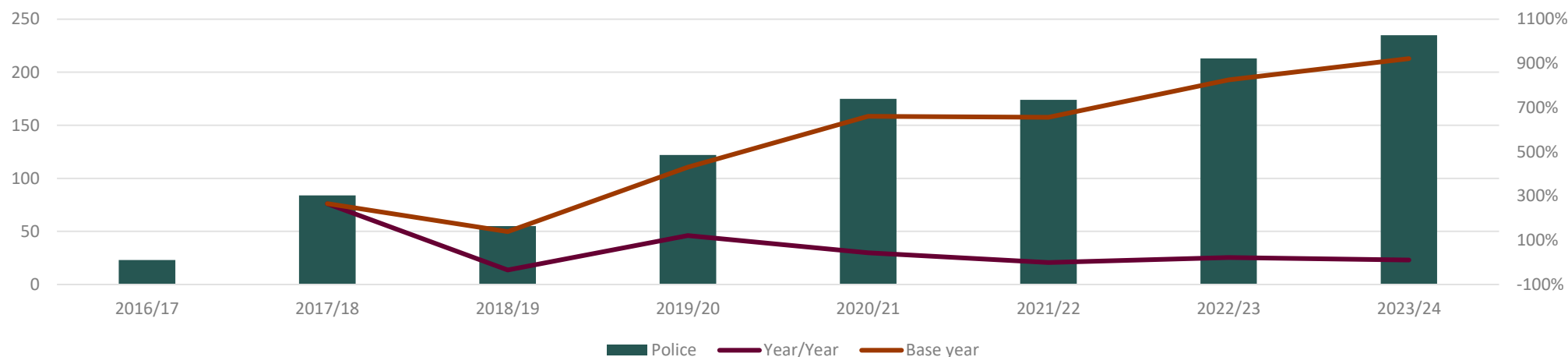
**** For the years 2016/17 & 2018/19 figures have been suppressed due to size, this is not a reflection of zero activity but both years should be considered <5.**

Considering the available data, we can ascertain that the activity within Adult Support and Protection has grown exponentially. 2023/24 saw the greatest number of adults with 68 identified for ASP. This is an increase in activity of 580% or 5.8 times more than the base line figure. 2023/24 alone accounted for 38% of all ASP workload since 2016/17.

The activity between 2021/22 & 2023/24 accounted for 80% of all ASP activity since 2016/17.

In part this has been caused by an increase in Vulnerable Person Database (Police Scotland) referrals which have also increased considerably over the recording period as shown on the following page. ASP activity appeared to be unaffected over Covid-19 with no reduction in activity however the increase may be a product of prolonged lockdowns and the impact upon the health and wellbeing of

Police Scotland VPD Referrals Year on Year and Base Year Increase



our community.

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Police	23	84	55	122	175	174	213	235
Year/Year		265%	-35%	122%	43%	-1%	22%	10%
Base year		265%	139%	430%	661%	657%	826%	922%

Data would confirm that Police Scotland robustly report risk factors which require escalation to Social Work Services. Although not all VPD's become ASP the increase in VPD referrals confirm there is closer working and partnership relationships between Adult Services and local Police Services.

Primary Source Referral	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Anonymous	-	-	-	-	-	-	-
Care at home provider	-	-	-	-	<5	6	<5
Care Home	-	-	-	-	<5	5	17
Care Inspectorate	-	-	-	-	<5	-	<5
Community Health Services	-	-	-	-	-	<5	<5
Financial institution	-	-	-	-	-	-	-
Friend, relative or neighbour (who is not an unpaid carer)	-	-	-	-	-	-	<5
Healthcare Improvement Scotland	-	-	-	-	-	-	-
Housing	-	-	-	-	-	<5	-
Mental Health Services – Hospital and Community	-	-	-	-	<5	<5	5
Mental Welfare Commission for Scotland	-	-	-	-	-	<5	-
NHS 24	-	-	-	-	-	<5	<5
NHS Primary Care	-	-	-	-	-	-	<5
NHS Inpatient Services - Inc A&E	-	-	-	-	<5	<5	<5
NHS Outpatient Services	<5	-	-	-	6	-	-
NHS Specialist Drug and Alcohol Services	-	-	-	-	-	-	-
Office of the Public Guardian	-	-	-	-	-	<5	-
Other (please specify below)	-	-	-	-	-	-	<5
Other Child Protection agencies (eg Children's Reporter)	-	-	-	-	-	-	-
Other health (eg public health, private healthcare, prison healthcare)	-	-	-	-	-	-	-
Another member of the public (not covered by 20 or 21)	-	-	-	-	-	-	-
Police Scotland	<5	<5	8	10	<5	5	-
Scottish Ambulance Service	-	-	-	-	-	-	-
Scottish Fire and Rescue	-	-	-	-	-	<5	<5
Scottish Prison Service	-	-	-	-	-	-	-

Self (adult at risk)	-	-	-	-	-	-	<5
Social Work - Adults (including MHOs)	6	-	<5	-	11	9	17
Social work - Children and Families	-	-	-	-	<5	<5	<5
Third sector organisation (not covered by the above)	-	-	-	-	<5	5	6
Unpaid carer	-	-	-	-	-	-	-

In recent years, referrals have been received from a wider array of services in the recording categories, originally only receiving referrals from 2-3 source categories, the service received referrals from 15 of the 30 categories over 2023/24 showing a greater awareness locally of the service and improvement in partnership working.

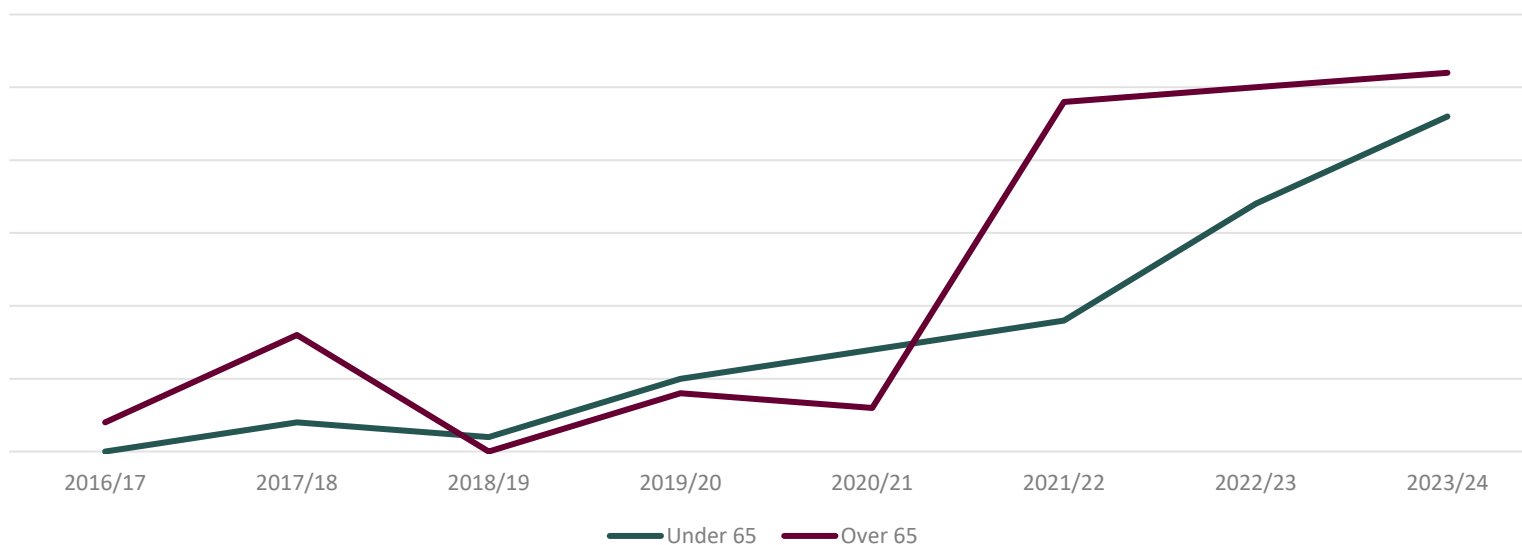
The most significant increases in referrals over the last 3 years can be seen in:

- Care Homes
- Care at home providers
- Third Sector Services

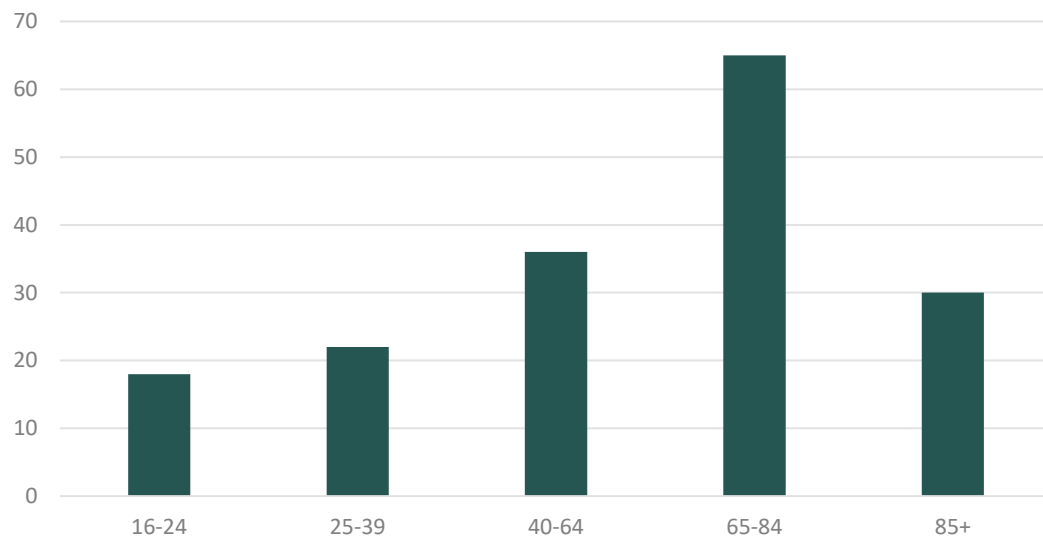
Much of this increase can be accredited to the ASP Bitesize sessions being facilitated (in person & online) and the ASP service engaging regularly with the local workforce, community and media around national awareness raising events.

Generally, there exists a perception that Adult Support and Protection primarily supports the elderly and those of retirement age. Considering the available data from the since 2017/18, we can show this is not the case in Orkney:

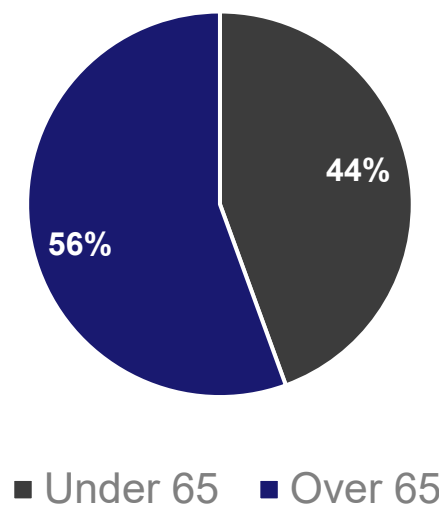
Ages by Year



The ages of those who we support has typically been of equal proportions, with a sharp increase in support required for those over 65 in 2021/22 those under 65 grew at a lesser, but steady, rate and as in previous years age has become less of a defining factor of the service over 2022/24.



In determining the age split between services the graph shows the largest age range supported are those aged 65 and over. As a percentage split between those under 65 and those aged 65 and over we can see the following:



Gender is also examined. The gender of those we support show that women are at greater risk of needing support, equating to 62% of referrals since 2017/18 compared to men who accounted for 38%.

Uplift in client groups have been seen across almost all areas, the increase has been sharpest in clients living with Dementia, Infirmary/Frailty due to age, and Learning Disabilities. The main reduction was seen in those referred due to Substance Misuse/Addiction and positively there were reducing instances where “other” was used to specify a “client type” showing improvement in recording.

Primary Client Group	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Learning disability	-	-	-	-	<5	8	15
Dementia	6	-	<5	<5	6	13	19
Substance misuse/addiction	-	<5	<5	8	<5	<5	<5
Mental Health (excl. dementia)	<5	-	<5	-	6	7	8
Infirmary/frailty due to age	<5	-	<5	-	8	9	19
Physical Disability	-	-	-	-	-	-	<5
Other	-	-	-	-	6	<5	-

Analysis was conducted to discover any notable differences in client groups for both age and gender. No notable differences were apparent due to sample size. The only exception being Dementia & Age-related frailty were both significantly higher in women over the age of 65 when compared to men. Male clients also outnumbered female clients with a learning disability with a rate of approximately 4:1.

Principle Harm Type	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Physical harm	8	-	-	-	8	14	21
Self-harm	-	-	<5	<5	7	5	6
Psychological harm	-	-	-	-	<5	<5	9
Emotional Harm	-	-	-	-	<5	<5	9
Risk to others	-	-	-	-	<5	-	-
Domestic abuse	-	-	-	-	-	<5	<5
Mental Health	-	-	-	-	-	<5	-
Dementia	-	-	-	-	-	<5	-
Financial or Material harm	-	-	-	<5	6	<5	10
Sexual harm	-	-	-	-	-	-	10
Neglect and Acts of Omission	-	-	-	<5	5	8	<5
Other	<5	<5	6	5	<5	8	<5

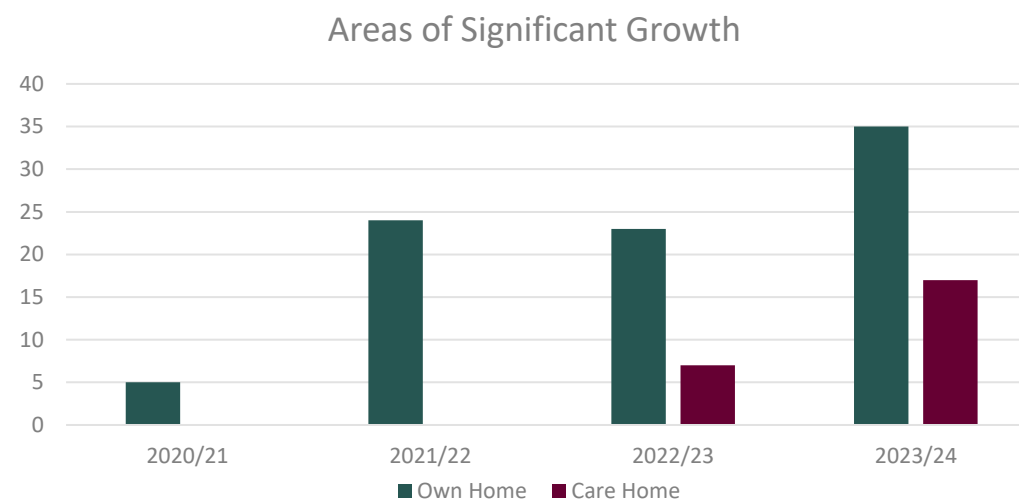
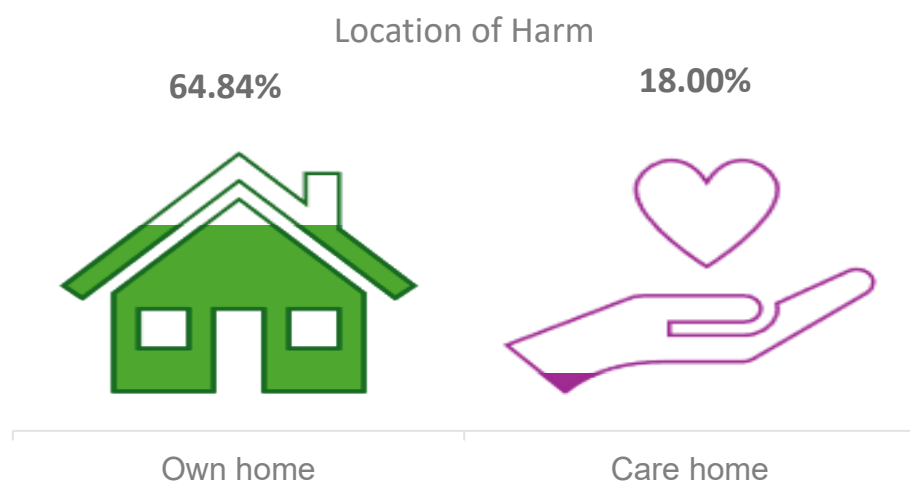
Analysis on these figures was unable to draw any conclusive due to sample size when considering age and gender. Figures as they read, show the largest increases have been seen in:

- Physical Harm
- Financial or Material Harm
- Sexual Harm

Neglect and Acts of omission have reduced although this may increase following the successful launch of the publication of the Hoarding and Self Neglect Protocol in Orkney over 2023/25. Similarly further work on Financial Harm will further enhance awareness regarding identification and support options.

Location of harm	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Care home	6	-	-	-	<5	7	17
Day Centre	-	-	-	-	-	-	<5
NHS facility	-	-	-	<5	<5	<5	<5
Other private address	-	-	<5	<5	<5	<5	<5
Own home	<5	-	<5	5	24	23	35
Public place	-	<5	<5	-	<5	-	<5
Residential setting	-	-	-	-	<5	-	-
Sheltered Housing or other supported accommodation	-	-	-	-	<5	9	5
Other	-	-	-	-	<5	<5	-

Location of harm is a recording of where harm occurs. The two most common areas harm is recorded as occurring were in own homes and within Care Homes accounting for 83% (82.8%) of all locations of harm recorded. It is planned to examine in detail and progress further support activity.



Achievements and Service Improvements

Following from the self-evaluation of adult support and protection in 2021, the Public Protection Committee led an improvement plan on all aspects of Adult Support and Protection. Findings from the initial evaluation identified the following themes:

Identified Themes	Key Thems for progression
• Similarities to the Inspection of children and young people in need of care and attention • Processes • Information sharing and feedback • Inter-agency referral discussion • Interagency case discussion and conferencing • Procedures • Training • Effectiveness of management oversight • Staff supervision and support • Reach into health services, especially mental health.	• Recruitment, retention • Skills and competencies • Remote and rural, dual relationship issues • Maintenance of person-centred, relationship-based practice • Substance misuse, Self-neglect • Securing adult protection activity on the public protection agenda and in training and supports • Commissioned services stretch

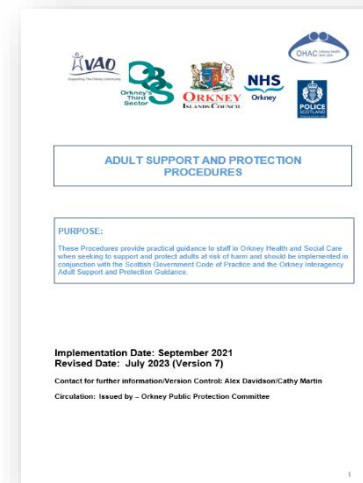
The Committee and multi-agency staff have had a focus on a range of improvement activities, the training and development work has focused on these areas:

- Lack of oversight on decision making.
- Timescales, start, middle, finish.
- Executive capacity decision making, process and advice.
- Legal literacy.
- Muti-agency case conferences
- Clarity on roles, case management, key worker, Council Officer, Health Professionals.
- Relationship to out of hours services.
- Data gathering, analysis and practical application of information.

The Committee also recognised that there was a committed workforce, who demonstrated a warmth in practice, and in recording but needing continued strategic improvement action. The need for culture and practice change was noted, agency posts were created to support activity and continued to support with a range of development actions and tasks were addressed, although the challenge to the operational capacity remained to deliver change and make operational choices.

Revised procedures supported by staff training were required to support staff to navigate the ASP process and evidence good practice. The new procedures were launched in July 2022 and include the following guidance:

- Recording referral pathways.
- Multi-agency assessment and risk assessment guidance.
- Chronology guidance.
- Adult Protection plans.
- Case discussion and conferencing guidance.
- A variety of recording tools.
- Timescales and audit guidance.
- Clear pathways which would assist and protect decision making and processes.
- Management oversight, supervision, and quality control throughout the pathway.
- Second Worker protocols, training, and competency.



A further case file audit of 40 cases in adult protection was completed in November 2023 with Adult Social Workers receiving individual feedback. The audit showed improvements in oversight, recording, adherence to timescales, improvement in partnership working, higher quality chronologies and initial enquiries were almost entirely considered competent and effective. Multiagency working also improved noting that information sharing was evident and shown to be effective.

While there is evidence of significant improvements, further improvement was identified regarding the process such as clearly recorded assessment and management of risks requiring consistent use of the guidance risk assessment template. Chronologies required a defined area of storage within the client recording system as although quality had improved the location of storage varied. A key recommendation from the audit detailed the need for consistent and available advocacy, an area being addressed within the ASP Improvement plan which is expected to be resolved early over 2024/25.

Social Workers engaged positively with feedback sessions and welcomed the development of clearer and more streamlined processes and procedures that would help to clarify their roles and improve the case recording that evidences the work carried out to support and protect adults in Orkney.

A further case file audit in late 2023 demonstrated further improvements in practice.

Strengths Developed

The following issues have been addressed in relation to self-evaluation findings and operational issues:

- Strong governance and leadership, cross cutting (and inter-islands) development events and activity.
- Practice improvement. There has been a marked change in practice following from the self-evaluation. Resources have been committed by the Health and Care Partnership, processes at Committee have changed to give adult protection equal footing, and central issues of culture and practice change have taken place.
- Referral rates have changed, with good support seen from across the entirety of the partnership, and the adult support and protection pathway has been developed and strengthened, with timescales, reporting frameworks and quality markers.
- Strong partnership frameworks including challenge to cultures have been progressed and maintained.
- A robust training and development framework has been developed and implemented, targeting areas most needed, defensible decision making, Council Officer Training, Self-neglect, and self-harm. Further development is underway with financial harm and self-neglect and hoarding
- The sub-groups are proactively attended and support debate and policy formulation on quality assurance, training and wider communications.
- Consistency of approach within systems has been developed and monitored.
- Audit and self-examination have been consistently undertaken with further audits conducted.
- Excellent support and engagement from legal services and housing.
- Following the audit in November staff undertook Council Officer training giving a cohort of 11 Council Officers for the service.

Success in tackling many of the issues discussed have led to a need of review and redevelopment of the ASP Improvement plan. This work is underway with a refreshed plan expected late 2024.

Case Studies

The case studies presented illustrate the range of work undertaken in respect of Adult Support and Protection and the multi-agency partnership involvement in providing protection to adults in Orkney.

Case Study 1

Concern:

Adult A, middle-aged with a diagnosis of anxiety and depression has a history of somnambulation. Adult A has been found in the sea by the Coastguard whilst sleepwalking. This becomes a recurring pattern over subsequent days. 16 VPD (Police Concern) forms were submitted to Adult Social Work in a short period.

Adult Support and Protection Response:

Telecare equipment installed within 72 hours of ASP actioning. Scottish Fire Service were consulted and visited regarding safety checks. An Adult Protection Case Conference was convened as a matter of urgency. Adult A attended and participated and was made subject to a Protection Plan. Police, Coastguard, Scottish Fire and Rescue, Telecare, GP, and Clinical Psychologist form the Core Group. Adult A agreed to wear a GPS tracker watch.

Later Adult A advised that they wished to pursue alternative therapies and private hypnotherapy sessions are funded by the Health and Care Partnership. Adult A was prescribed medication and a sleeping tablet, was referred to a sleep clinic and a referral made to trauma informed counselling. There have been no Police Concern Reports received for 8 weeks.

Outcome:

A Review Adult Protection Case Conference was convened which identified that the risks had significantly reduced and were manageable via the GPS watch, door sensors, professional support and the commitment of family support. Adult A continued to live at home with appropriate supports.

Case Study 2

Concern:

Adult B, elderly who lives alone. Adult B was at significant risk of harm due to fluctuating capacity, Alcohol Related Brain Damage, self-neglect, acute heart failure and non-compliance with medical advice or medication. Adult B was resistant to services. There were no legal powers in place to protect them and a private application for Guardianship had commenced.

Adult Support and Protection Response:

Adult B had been admitted to hospital after being found unresponsive at home. The doors were locked and as there were no keyholders, Police forced entry by breaking down the door. Adult B was admitted with acute heart failure and associated hypoxia which was further impacting on their capacity. An Adult Protection Case Conference was convened 10 days later and Hospital agreed not to discharge until this had taken place. Adult B was made subject to a Protection Plan which included the installation of a key safe by Care and Repair and, the provision of a bed and mattress all funded by the Health and Social Care Partnership, a 'cosy home pack' provided by THAW, a Fire Safety Home Assessment, care at home visits twice daily, a new medication regime to be provided under S47 Adults with Incapacity (S) Act 2000, reducing prescriptions to only vital life sustaining medication and fortnightly social work visits.

The Core Group included Advocacy, Housing, OIC Legal Services, Police, Homefirst NHSO, Occupational Therapist, Mental Health Officer, Scottish Fire and Rescue and family. The Core Group met regularly to update regarding the legal process for Guardianship.

Outcome:

Once Guardianship was awarded, a member of Adult B's family signed a tenancy to enable a move to very sheltered housing where Adult B remains today. A subsequent Adult Protection Case Conference was convened, and the Protection Plan was removed as needs are now safely met under the Adults with Incapacity (S) Act 2000.

Training, Learning and Development

1. The Committee has supported the review and Refresh of Adult Support and Protection Procedures launched in July 2023.
2. Specific training was provided to Council Officers, providing several new Council Officers within the Adult Support and Protection Service. This has supported the longevity and sustainability of Council Officer Support now available in Orkney. – There are now 11 Council Trained Officers including the Through Care/Aftercare and Housing Support Social Work teams.
3. The Service has run several key training sessions with our care providers, these have been titled “ASP Bitesized”. Training has been delivered to all of our primary care facilities as well as to service providers who require a knowledge of ASP. The training has been popular and continues to develop as time progresses.
4. Individual work with staff has been followed up with further Case File Auditing. Results from two case files audits have provided important learnings which have been incorporated within the Adult Support and Protection Service Improvement Plan. Audits have shown positive developments in Service.
5. Further work has revised procedures, including reference to the new Codes of Practice (2022) and in developing appropriate materials and inputs. This has included a new Hoarding and Self Neglect Protocol.
6. Financial Harm protocols are due for publication in September 2024. The Office of the Public Guardian have supported services by attending Team meetings to discuss their powers regarding investigations of Power of Attorney. Once published the service plan to run Financial Harm training with will further support embedding of the protocols.
7. Trauma Informed Practice approaches have been consistent throughout ASP services, staff have undertaken NES Trauma Training modules within Ilearn. Staff have undertaken Epione Trauma Training with all staff having completed Level 2 training and 5 staff covering the advanced Level 3 trauma Training offered by Epione.
8. The Adult Support and Protection Service has actively sought feedback from those involved in the service since early 2024. This has resulted in several feedback papers being provided to the OPPC discussing feedback directly from those we support and professionals who have been involved in the process. Committee will continue to develop user feedback.

Procedures and guidance have been revised and updated; with a view of continuous improvement and development audits of practice, records and operational targets have played an integral role in the most recent years. Developments covering several key areas such as Hoarding and Self Neglect, recent focuses of the service have turned to Financial Harm. We have seen training and engagement take place, with ongoing regular reporting to the Public Protection Committee and Chief Officers Group.

Engagement, Involvement and Communication

The Public Protection Committee continues to develop engagement with committee partners, through development activity, and through the improvement activity. The recognition of cross cutting areas of protection activity will continue as a theme, for instance: transitions for young people; drug and alcohol; housing; violence to women; mental health; suicide; trafficking and other protection areas. The work of the voluntary sector, provider organisations, advocacy, and their involvement in and promotion of safe and protected practice will continue. A particular focus on Violence to Women and Girls is planned.

This will also see an extension to membership, ensuring that under-represented groups (ethnic groups, carers) have a role in ensuring changes are made in the improvement of service delivery to all within our community.

Committee would wish, as resources permit, to have a higher focus on outcomes and experience of and for service users, and connections to service user and carers knowledge in relation to adult support and protection.

Opportunities to exploit technological and inclusive communication means and remote access to services and supports, while retaining confidence to know when face-face relationship-based activity is required.

Feed-back systems for referrers will be important in future ASP concerns and referrals.

Challenges and Areas for Improvement

The Improvement plan sets the range of activity which will face the committee, recognising the continuing workforce challenge, and the rolling programme of induction and training which has been established.

Key themes remain:

- Further Work in providing services, care homes, care at home and self-directed support.
- Culture and continuing challenge to interagency and multi-disciplinary practice
- Developing guidance and training on 'transitions'
- Closer Partnership working with Violence to Women and Girls
- Technology and blended working to be consolidated.
- The workforce recruitment and retention in remote and rural settings continues to be difficult, creating demands on staff and support, professional and administrative.
- Further work on the NHS Accountability Review is needed to embed practice in community and acute settings.
- Further development of strong working links with the third sector, community safety and community planning for protection.
- Commissioning and working alongside strong local advocacy services.
- Developing close links to the revised carer strategy.
- Development of tools to capture outcomes and to consider user and carer involvement as resources and time permit.
- Continued development of data systems (Paris), analysis..
- Integrating findings from current ICR and SCR/Learning Review practice and referral processes.

Looking Forward

A development day for the Chief Officers Group is scheduled in September 2024, this will build upon the previous development day held in 2022 which had a focus on challenging culture issues in practice which was well received by partners and continues to be a focus of scrutiny. This year, following expansion of those who take part in the Chief Officers Group, a widening to include community partners and groups in the Orkney community is being considered to upskill learning and hear from the voices of those groups we support.

The next years will see the challenge of a National Care Service in some form; the potential of new legislation in mental health, neurodiversity, learning disability and autism, capacity and decision making and in support and protection; against a continuing stretch on resource from both a service user and carer perspective, and from services and support.

Alex Davidson, Independent Chair Orkney Public Protection Committee.