



**Perth & Kinross Adult Protection Committee
Minute**

Friday 6th March 2020
10.00 – 12.00

Meeting Room 10/11, Pullar House, 35 Kinnoull St, Perth

ATTENDEES

Bill Atkinson	Independent Convener
Susan Hunter	Independent Vice-Convener
Diane Fraser	Head of Adult Social Work & Social Care, P&K HSCP
Mary Notman	Adult Protection Coordinator, P&K HSCP
David Anderson	Scottish Fire & Rescue Service
Michelle Dow	Service Manager, Housing & Environment
Graham Binnie	Detective Chief Inspector, Police Scotland
Brian Hutton	Improvement Officer, ECS, PKC
Clare Gallagher	CEO , Independent Advocacy
Irena Davidova	Scottish Ambulance Service
Grace Gilling	ASP Lead, NHS Tayside
Erin Wilson	Capability Scotland
Deborah Lally	Perth College
Julie Wyllie	Care Home Manager, Robert Douglas Memorial Home
Fiona Easton	Team Leader, Improvement Team, P & K HSCP
Winnie Burke	Link Inspector, Care Inspectorate
Alison Hannan	Directorate Admin (minute taker)

APOLOGIES

Gina Tait	Manager, Rivendell Care Home
Clare Mailer	Head of Housing and Environment, P & K
Jacqueline Pepper	Depute Director, Education & Children's Services & Chief Social Work Officer
Sandy Watts	Citizens Advice, Perth
Sandra Smith	GP
Billy McLintock	Scottish Fire & Rescue Service
Alan Morgan	Manager, Kippen Care & Rigifa

<p>1</p>	<p>WELCOME AND APOLOGIES</p> <p>BA welcomed all to the meeting and apologies were noted as above</p>	
<p>2</p>	<p>Minutes of APC September 2019</p> <p>Business arising:</p> <p>IRD paper has been put forward to next meeting as the Tayside meeting is to take place on 17 March and a consistent approach would be beneficial for multi-agency colleagues.</p> <p>Tayside ASP Performance Framework – 6 initial measures have been identified and the template is with colleagues in Dundee at present to finalise the agreed form.</p> <p>Minutes approved.</p>	
<p>3</p>	<p>Minutes of APC Sub-group</p> <p>Matters Arising</p> <p>External Power of Attorney (POA) training has been very well attended and evaluated– a further 2 sessions have been arranged and both are fully booked.</p> <p>Updated Tayside ASP Guidance is now available on webpage. This was launched at the national ASP day on 20 February at an information stall at Ninewells Hospital</p> <p>Some learning from national SCR’s had been taken forward</p> <ul style="list-style-type: none"> • closure of cases by families and access visits been denied to carers was an issue raised in the Sharon Greenop and JoJo cases, The guidance has now been updated to reflect more checks in these 2 areas. • Escalation policies when concerns persist – new policy implemented and disseminated in December 2019 • Increase in Hoarding cases (Wiltshire Board report). There is already a hoarding policy and training in place but will be reviewed and updated with housing colleagues. <p>Minutes approved.</p>	
<p>4</p>	<p>Care Inspectorate - ASP Inspections</p> <p>Winnie Burke (WB) is the current link inspector but is changing roles and advised that a new link Inspector will be in place in 3 weeks time – John</p>	

<p>Scouse. PKC Inspections will take place between April 2020 & March 2021</p> <p>The FAQ has been made available online -</p> <p>https://www.careinspectorate.com/images/documents/5549/Joint%20inspection%20of%20adult%20support%20and%20protection%20FAQs.pdf</p> <p>The process will be similar to ASP joint inspections held in 2017 but it will be centred around divisional concern hubs. It will be looking at two partnerships at a time however the reports will be individual to the area inspected.</p> <p>As all remaining partnership areas are to be completed within 2 years, they will focus on 2 areas - key processes and leadership. A position statement (maximum 20 pages), case file audit & staff on line survey will be the key factors. Timescales & template will be provided. The onsite activity will consist of 4 days only – access required will be IT and training records as well as records.</p> <p>PKC will provide an Inspection Coordinator and health and police liaison staff will be identified.</p> <p>The report will be a concise judgement based upon evidence with an improvement plan to follow.</p> <p>GB asked if any assurance could be offered that PKC would be with Angus for Inspection given their shared link with Police Scotland. WB replied the expectation was that it would be Angus.</p> <p>For Social Work, the Care Inspectorate will ask for list of files that meet criteria and will take a sample from those. BA inquired with regards to Providers files. WB will check and feedback on this.</p> <p>BA mentioned that a development day had been planned for 13th May with Child Protection. Given the commitments that people have it was likely to use part of the day for joint discussion.</p> <p>MN to check date is suitable as possibly a conflict with IJB. APC to then look at position statement along with quality indicators which would be time added to the end of the planned meeting - this was agreed pending confirmation of IJB and when that will take place.</p> <p>DF advised that Colin Paton is already planning some work around this and has made a start.</p> <p>Link Inspectors Handbook - WB suggested that it may be worth considering continuing to invite the Care Inspectorate to APC meetings given that there have been links to LSI's / care home forums and concerns at some meetings. MN advised that she did meet separately with Care Inspectorate but agreed it would be useful to invite to meetings and will progress this.</p>	<p>MN</p> <p>MN</p>
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<p>5</p>	<p>Adult Protection Concerns Update Oct - Dec 2019</p> <p>Monitoring is still ongoing around AP concerns progressing to ASP processes. From April – June 2019 there was an increase to 66%, rising from 57% in the January – March 2020 figures. From July - Sep it had risen to 80%. During this monitoring period a number of actions had been taken which included</p> <ul style="list-style-type: none"> • Discussion at management meetings with Team Leaders and Service Managers, • Dialogue with Out of Hours staff on cases they had been involved with. • Explored other options - other areas do Adult Protection Inquiries as a table top exercise whereas PKC will do face to face. If only a phone inquiry it is not marked as ASP. After discussions, it was decided that for some AP queries, these could be followed up by telephone calls and would be recorded as. There was initially some concern that this may used inappropriately which has proven to be unfounded. In 3 months there were two telephone inquiries recorded. <p>The results from October-December saw an increase to 88%.</p> <p>MN continues to work with the new out of hours staff to help facilitate them in their roles.</p> <p>DF advised that for the next meeting there will be a paper brought supporting the work which is being undertaken including a new leadership group amongst the team leaders.</p> <p>By June it is envisaged that the new template will be in place that will continue to monitor this area.</p>	<p>DF</p>
<p>6</p>	<p>ASP Investigation to Case Conference Rates</p> <p>MN advised that there was a low conversion from Adult Protection investigations to case conference. This has been raised in the past resulting in audits that found decision making was appropriate.</p> <p>As the conversion rate has remained low, the sub-group was asked to explore this issue more. Some benchmarking across 6 areas in Scotland showed conversion rates that ranged from 8%-80%. Perth & Kinross are currently at 15%.</p> <p>MN has been speaking with other AP Officers across Scotland regarding what their thresholds are.</p> <ul style="list-style-type: none"> • North Ayrshire currently have two full time Chairs who Chair all ASP's and AWI's. • MN to talk to Angus as a neighbouring area that has the highest conversion rate (80%) <p>It was suggested that one or both of these areas could do an audit on PKC cases to look at where the differences are in progressing to an AP/ AWI case conference.</p>	<p>MN</p>

	<p>DF advised that one of the key areas at the moment is around network meetings and the use of these. Work is ongoing around the interface between mental health legislation and adult capacity legislation and with legal colleagues around thresholds. DF to report back to the committee</p>	<p>DF</p>
<p>7</p>	<p>Community Engagement</p> <p>The APC has encouraged service user and carer engagement with ASP but with mixed success over the years. In the last year there has been increased attempts to engage with service user, carer and community groups which has been helpful in raising the ASP profile and making useful links but does not seem to have increased engagement and participation.</p> <p>BH discussed if a joint approach could be used for existing initiatives such as Self Directed Support (SDS) as there may be too many individual events that may lead to community apathy.</p> <p>MD said that there needs to be a more joined up approach across the agencies and internally within PKC and we need to get better at using that approach.</p> <p>DF suggested that the Community Engagement team could meet with BA & MN initially. There will be a range of activities around PKC transformation where the APC can take key ASP messages and then engage with other activities which are planned. All options need to be explored re linking with other groups and a broader communication plan needs to be developed.</p>	<p>BA/MN</p>
<p>8</p>	<p>ASP Statistics for People with a Learning Disability</p> <p>Previous APC meetings have highlighted the discrepancy between national and local ASP statistics in relation to people with learning disability (LD) in the last 4-5 years. Nationally the percentage has remained constant at 15-18% since 2015. Initially in 2015 Perth & Kinross was higher than national average at 31% and was 22% in 2018. However in the last year this has dropped to 12%. The APC sub-group was asked to explore this issue further to identify if changes to practice and structure that may have had an impact.</p> <p>The APC sub-group found some changes</p> <ul style="list-style-type: none"> • An aide memoir was developed in 2016 primarily for those with repeated challenging behavioral issues. Incidents around these were reported almost daily even though they had risk management plans in place. Many of these are now managed through risk assessments, risk managements and the appropriate actions being taken and recorded. • In December 2016 a new organisational structure was introduced which meant there was not a dedicated LD team as all people were in localities which were closer to local services and promoting integration with local communities. • In February 2019 a new electronic reporting system was introduced in conjunction with the Care Inspectorate and thresholds were changed. 	

	<p>Locality team leaders report that there is now a more consistent threshold for all adults across Perth & Kinross. There is some evidence that these changes have impacted on the reduction in the number of LD clients progressing to ASP.</p> <p>The APC would like further re-assurance that concerns raised are being dealt with effectively.</p> <p>It was recommended and agreed that the annual audit on police vulnerable person's report and adult protection concerns would focus solely on this client group in May.</p>	<p>MN</p>
<p>9</p>	<p>ASP Multi Agency Case File Audit Report</p> <p>There is an annual Multi agency case file audit which took place on January 16. The cases are audited by a multi-agency group of staff and audit any individual case that progressed to Adult Protection case conference or in organisations that progressed to Large Scale Investigations (LSI)</p> <p>There were 6 individual cases selected and 3 LSI. 50% of cases were for people with physical disability who were all over 65. Only 1 case was in relation to a person under 65. Out of the 6 cases, 3 involved family members as the alleged perpetrators, 1 was a paid carer and 2 involved friends.</p> <p>The audit showed that 80% (12/15) of areas were highly rated at 100% and only 1 area was rated as under 80%. LSI were highly rated generally but did raise a couple of issues.</p> <p>An improvement plan has been developed in relation to issues raised and an updated improvement plan to be brought to June meeting. Feedback to be given to all staff and managers who were involved in all cases.</p>	<p>MN</p>
<p>10</p>	<p>APC Risk Profile</p> <p>MN had updated the APC risk and it was tabled for discussion</p> <p>. Four key risks were identified with regards to Adult Protection.</p> <ul style="list-style-type: none"> • Delivering a person centred response • Providing an integrated response, • APC providing effective leadership • Working in partnership with the community and service users. <p>Issues were raised in relation to interpretation of tables, scoring and ratings.</p> <p>DF suggested that on page 7 - mitigating actions - the descriptors felt very broad and felt that this could be more specific. MN agreed that this does need to be looked at again and that some areas which were raised at the meeting in November 2019 were probably more akin to observations rather than actions.</p>	

	<p>BA asked GB re Police knowledge around capacity .GB replied that like paramedics or firemen, the police involvement might only be 10 minutes therefore aside from the fact that they are not trained in establishing capacity, they also could not make any distinction in such a short time. If the police are unsure, they would pass on any concerns to the relative professional for their involvement.</p> <p>GG advised that her and the lead officers across Tayside are developing guidance on capacity for all front line workers.</p> <p>Committee has identified that there is work still to be done around the tool. BA/ FE/MN & SH to work on this and bring it back to next meeting.</p>	FE/MN/ BA
11	<p>APC Improvement Plan</p> <p>MN suggested that given that there is more work to be done around this from comments during this meeting, there are no items on red and to ensure the plan reflects all issues in the risk register MN should update this and to then bring this to the next meeting.</p> <p>DF said for the minute item 2.4 - Head of Health to be involved. – MN to amend.</p>	MN MN
12	<p>SCR National Guidance - Tayside / PKC Protocol</p> <p>The national guidance for SCR was launched in November 2019. The Tayside ASP group had discussed a Tayside approach to policy which was agreed but each area would retain their own forms</p> <p>The Tayside SCR protocol was submitted for approval GG suggested adding something for NHS staff based upon the work which has been picked up from LEARS. GG will send MN a paragraph statement from NHS. APC approved policy with above amendment</p>	MN/ GG
13	<p>Tayside ASP Minimum Standards Framework</p> <p>GG advised that over the past couple of year the Tayside Learning & Development group has scoped and developed an ASP minimum standards framework. This has led to the development of courses across Tayside</p> <ul style="list-style-type: none"> • Defensible decision making • Second worker training • Crossing the acts <p>One of the biggest challenges will be capacity with the courses which will have an impact. For example Defensible Decision Making can only be run 4 times per year despite demand being high. There are no dedicated ASP training officers across Tayside.</p> <p>SH advised she would like to see a follow through on defensible decision</p>	GG

	<p>making moving forward.</p> <p>BA will raise issue of capacity with COG</p>	
14	<p>NHS Update Paper</p> <p>Learning from current SCR have highlighted capacity assessment, lack of standard process/pathway for requesting and assessment and how these are documented.</p> <p>The consent policy in Tayside will need to be reviewed.</p> <p>GG has been working with legal team around AP specifically linked to dialysis patients where the patient does not show up for treatment which leads to involvement from other agencies. GG is linking in with Andy Shepherd on this.</p> <p>The Tayside Learn Pro Module on ASP has not been reviewed since 2015 and the current media contact in no longer supported - linking in with MN and Tayside colleagues around updating the module.</p> <p>Mental Health Inquiry- a test of change will be undertaken in relation to Datix reports within adult mental health services to identify if all adult protection concerns are being picked up and forms completed in line with NHS Tayside policies. GG will also be attending quarterly the Inpatient Governance Group to ensure that AP is raised there and can be followed through.</p>	<p>GG</p> <p>GG</p> <p>GG/MN</p> <p>GG</p>
	<p>Dates of next Meeting</p> <p>Friday 5th June 10am-12md Pullar House Rooms 12/13</p> <p>Friday 4th September 10am-12md Pullar House Rooms 10/11</p> <p>Friday 11th December 10am-12md Pullar House Rooms 10/11</p>	

