



**Perth & Kinross Adult Protection Committee
Minute**

Friday 9th September 2020
10.00 – 12.00
Microsoft Teams

ATTENDEES

Bill Atkinson	Independent Convener
Councillor Sheila McCole	Councillor – Perth City South
Susan Hunter	Independent Vice-Convener
Alex Goodall	Carers representative
Diane Fraser	Head of Adult Social Work & Social Care, P&K HSCP
Lindsey Bell	Sargent, Police Scotland
Mary Notman	Adult Protection Coordinator, P&K HSCP
Brian Hutton	Improvement Officer, ECS
Grace Gilling	ASP Lead, NHS Tayside
John Skouse	Strategic Inspector, Care Inspectorate
Julie Wyllie	Care Home Manager, Ancaster House
Chris Lamont	Perth City Locality Manager, P&K HSCP
Linzi Muir	Directorate Admin (minute taker)
Susan Netherington	Admin Support (minute taker)

APOLOGIES

Will Young	SAS
Amanda Welch	Care Inspectorate
Clare Gallagher	CEO, Independent Advocacy
Angie McManus	AHP Lead P&K HSCP
Lindsey Baillie	HSCP

	<p>Welcome and Apologies</p> <p>BA welcomed all to the meeting and apologies were noted as above.</p>	
1	<p>Minute of Meeting of the Adult Protection Committee (5th June 2020)</p> <p>Item 6 ASP Investigation to Case Conference rates</p> <p>Due to our low progression rates from referral through to investigation, several audits have been carried internally and concerns were found with the choices made. As the conversion rate continued to be low, external feedback has</p>	

	<p>been requested from both North Ayrshire, who have had a favourable inspection and a high conversion rate, along with Angus Council as our partner who also has a high conversion rate. Most have been completed and initial feedback regarding our processes have been positive. MN intends to table the report to the next APC.</p> <p>Item 8 - ASP statistics for people with a Learning Disability MN confirmed that the AP focused audit for people with Learning Disabilities is now completed. The focus was on cases that did not progress to Adult Support and Protection (ASP). A report will be tabled today if time permits</p> <p>Online Prescription App Arrangements have been put in place across Perth and Kinross to ensure to those shielding have access to prescriptions. MN investigated the possibility of an app being available locally that allows clients to order and track their medication as well as alert them of when to take it. Unfortunately, this is not available locally.</p> <p>APC Core Group for ICR NM confirmed that a core group for considering Initial Case Reviews has been set up as approved at last meeting.</p> <p>APC Improvement Plan The Improvement Plan is a live document and it is important that it reflects our experience and circumstances at the time. At the last meeting SM asked if some of the actions dated March 2020 are completed, and if not, whether there is a way to make this clearer and show that they remain active which has been completed by MN.</p>	<p>MN</p> <p>MN</p>
<p>2</p>	<p>COVID 19 impact/Public Protection Risk register</p> <p>Care Home support BA commented on Care homes and the pressures the Pandemic is placing on their staff. BA advised there was comment on a recent Large Scale Investigation that suggested some homes that normally perform well had struggled in terms of ongoing pressure and the stress of the increased workload.</p> <p>DF discussed the current support available for all adult residential premises. The Local Oversight Group is a multi-agency group including Public Health, Care Inspectorate, HSCP, local integration lead Lynne Blair from Scottish Care and our commissioning team. This group feeds into the Tayside Oversight Group where Chief Social Work Officers, Chief Officers, Director of Public Health and the Nurse Director meet weekly.</p> <p>Work has been commissioned from these groups, such as gathering of data from the assurance visits and being able to identify trends and themes from these visits. DF stated that the template for support visits issued by the Scottish</p>	

Government was also reviewed to see how we can progress over winter.

The role of Nurse Director has been extended. This role is responsible for ensuring there is quality of care in the care homes and this responsibility also extended to DF.

DF said that they are looking at introducing an enhanced support team, which will bring together Nursing Staff, Reviewing Officers that are already in post along with a dedicated Social Worker to look at general issues and those arising through Large Scale Investigations.

DF wanted to emphasize that the support element is not for scrutiny and is in order to support throughout the pandemic.

JW stated that the main challenges were the media and managing the staff morale around that, ensuring they had up to date information on the current situation and that they were aware of the support provided so that they had confidence to keep coming into work.

JW said she is unaware how a care home would be able to manage should they not be engaged in the support provided. PKC very quickly set up weekly zoom calls which included Housing Protection, along with Lynn Blair (Scottish Care) and Dave Henderson (Commissioning team) to address any concerns. Reduction of time tables, transport for non-drivers and taxi services to help staff get to and from work were all put in place.

The main issue which is not easing is staffing due the challenges brought about from local lockdowns. Communication has been key during this time as the media information is not always reflective of what is happening locally.

SM mentioned the early research by Down Syndrome International that highlighted the critical age is from 40+ for anyone with Down Syndrome, a lot younger than the general population which is 70+ . SM inquired if we are putting in any additional arrangements in place for people in that category.

DF confirmed that as part of the Multi-Agency Group they are continually looking and reviewing how we can support and explained that it is very difficult to ensure all mitigation measures suggested are in place when it is ensuring distancing within their own home.

Public Health have supported by visiting 40 of the 41 providers and participated in assurance visits where there has been struggles due to the physical environment.

Infection control nurses have also provided support to Managers, staff and family. Risk Assessments are reviewed by Public Health colleagues so that they can get an understanding of what support is required and what advice is offered.

SM doesn't think that some of the information is getting through to families.

	<p>Carer's support BA mentioned within the Risk Register, Carer support was at a high level and if there are any concerns regarding this.</p> <p>AG confirmed that PKAVS (Perth & Kinross Association of Voluntary Agencies) has provided a lot of support such as the telephone services but feels that this is vastly under resourced and has raised these concerns within the Strategy Group. Currently there is 1.7 employees per week, where as previously there was between 7-10 and is going to explore how we can support them further.</p> <p>Currently there are zoom meetings to help with the social aspect and they have quizzes and coffee biscuit mornings. This doesn't take away the telephone service and how phenomenal it was in keeping the carers informed on helpful services available</p> <p>BA said that communication is key in relation to care homes and people at home and how hard this can be to keep people informed when the circumstances is changing so quickly. Discussion is to be had out with this meeting to review what we can do locally.</p>	<p>DF MN</p>
<p>4</p>	<p>Minutes of APC Sub-group MN said that whilst Ethnic Minority leaflet is still outstanding, we have made progress and a further meeting is organised to progress with producing the leaflet in 6 languages. Colin Paton has been helping along with Ross Drummond, John Evans from Violence Against Woman and Jenni Keenan PKAVS.</p> <p>ASP investigation to APCC conversion. The audit template created for both Angus and North Ayrshire to complete was discussed and suggestions made for amendments which has been completed.</p> <p>IRD Process MN said they are developing an Inter-agency Referral Discussion (IRD) process within Perth and Kinross which is progressing. It has been to Adult Social Work forum and a discussion has taken place with the SWIFT team in relation to recording and obtaining reports. There is one further meeting regarding it then an implementation date to be arranged soon.</p> <p>GG provided an update on the Short Life Working Group led by Suzie Moran (Police Scotland) which she attended. The Social Work representative for this group is Gemma Ritchie. The first piece of work agreed is a scoping exercise across Scotland to capture the current practice in relation to IRDs and the understandings surrounding it. GG to forward the finalised questionnaire to MN. This questionnaire is to be sent to all partners through the Conveners Group, Social Work Scotland Leads Group and throughout the NHS Group. The questionnaire will be shared through a platform called Citizens Space within September. The group will then reconvene to review.</p>	<p>MN</p> <p>MN</p> <p>GG</p>

<p>5</p>	<p>Vision of ASP: ‘People have the right to live as independently as possible in a safe environment, free from harm, to have their wishes and feelings taken into account and to have the minimal amount of intervention into their personal lives.’</p> <p>Recently it is felt that more focus and awareness is required around the Vision throughout HSCP but especially within Health. Colin Paton is doing a lot of work around promoting this so people are confident in the message.</p> <p>GG will be carrying out briefings and sessions virtually and in person and will amend the initial slide so that the vision can be driven forward.</p>	<p>GG</p>
<p>6</p>	<p>National Dataset</p> <p>MN discussed the information within the National dataset:</p> <p>Section A: Data on Referrals Referrals from Police Scotland submit VPRs (Vulnerable Persons Report). In some Local Authority areas, they count every VPR as an adult protection concern, PKC only count those that progress to the Adult Support and Protection process.</p> <p>Highest Source of principle referral was ‘Other Organisation’ with 79 referrals which is from organisations such as Care at Home and Care Homes. There is work progressing at national level to revise the current template.</p> <p>Section B. Data on Investigations P&K had 257 Adult Support and Protection cases of which 63 progressed to investigation as they met the criteria of an adult at risk.</p> <p>Dementia is still the highest client group followed by Learning Disabilities. MN said that there were concerns that the numbers for Learning Disabilities was low however this has since increased to be reflect the national average.</p> <p>Section C Data on ASP Case Conferences and Protection Orders 9 out of 62 Adult and Social Protection cases received an initial ASP case conference which is lower than national average (12%). An external audit is being undertaken with 2 other local authorities with higher conversion rates to ascertain if decision making is appropriate.</p> <p>Section D Data on ASP Large Scale Investigations (LSI) MN confirmed that it is positive to see that the LSIs have reduced to 3 which is an outcome of all the work completed.</p> <p>Information for this data set is normally to be completed by June every year which has been extended this year as they were going to amend the template. It was decided the keep current template for this year and submit the data by 15 September and meetings are ongoing nationally to look at template.</p>	<p>MN</p>

	<p>MN confirmed that data is not always easy to benchmark however we can use the investigation data to identify areas of discrepancies where we do not meet the national average and investigate further.</p> <p>SM raised concerns on referrals that do not lead to investigations and how we help people understand how to raise concerns so that action is taken forward. MN explained that if any family member contacts with concern that their relative is at risk, we have a responsibility under section 4 of the Adult Protection Act to make enquiries.</p> <p>When an enquiry is created a visit is always carried out and the client is accessed for the 3-point test to ascertain if they are an adult at risk. There is a weekly public protection group, so that if there is concerns of an individual targeting vulnerable people, they can be addressed at this meeting along with Police Scotland.</p> <p>JW agreed that referrals process and reporting work well however once a referral is made by the care home it would be good if they could enhance the communication so that they are aware of the outcome of the referral and what action is being taken. MN will take this to the next forum for discussion.</p> <p>DF agreed that there are differences in the way we support child to adult protection. However, this may not be satisfactory to the friends and family that make the referrals and our communication needs to be smartened.</p> <p>Dataset to be submitted to Scottish Government by 15 September</p>	<p>MN</p> <p>MN</p>
<p>7</p>	<p>APC Bi-ennial report</p> <p>This APC Bi-ennial Report is a statutory requirement that is to be submitted every 2 years to the Scottish Government. Deadline for this document is the end of October.</p> <p>MN explained in detail each aspect of the report and welcomed any comments or queries.</p> <p>SM congratulated MN on an exceptionally well-informed document that helped her answer many questions she had.</p> <p>SM asked about the Unsubstantiated cases, where the client had no capacity to recall the event and if this is due to the client (in particular those with learning difficulties, speech impairments and mental health issues) not being able to express themselves? And if so, it may not be that they can recall the event, but more that they can recognise the event.</p> <p>BA said that he recognises the need for improvement and are continually reviewing how we can reduce the number of unsubstantiated cases.</p> <p>SM offered her support out with the meeting to provide support in aids that can help such as Visual and Communicational aids.</p>	

<p>8</p>	<p>Tayside SCR summary</p> <p>GG shared the recent Significant Case Review carried out within Angus providing an overview of the case which can be found on the Angus website.</p> <p>The SCR looked at the scope of 15 months prior to the young person's death aged 18. GG highlighted key factors such as O18 had a significant history as a child; information contained within a variety of records; poor communication of these along with no transition process between CAMHs and adult MH services.</p> <p>In this case, it was not a lack of input or support as the report highlights that 27 individuals/services/agencies were involved with O18 in the 15 months prior to death but these were disjointed and not person centred. GG provide a narrative to support the 18 recommendations and drew attention to the summary of the key findings and recommendations within the final report.</p> <p>BA reflected that within the APC we get a clear sense of the range of responsibilities we have from young adults to older adults in care homes. He agrees that the transition from Child Protection to Adult Protection is a challenge for us to address and identify how we can improve this.</p> <p>This SCR was also recently considered at the Child Protection group and Jacquie Pepper, Chief Social Worker has suggested the possibility of a Learning Group being arranged on a Tayside basis.</p> <p>DF said that whilst very tragic the recommendations made are not uncommon and she would welcome a Learning event over both Adult Protection and Child Protection and would support Jacquie's suggestion.</p> <p>BH has completed the Childcare and Justice consultation which would support adult protection colleagues with the younger adults. BH will forward this to MN for consideration and suggested it may also be of use to education.</p> <p>BA will invite the Committee to any learning event arranged to discuss how we can progress any learning locally.</p>	
<p>9</p>	<p>Mental Health Improvement Plan – Listen Learn Change</p> <p>GG said that following the publication of the Independent Inquiry of Mental Health Services in Tayside (referred to the Trust and Respect report) published in February 2020 and in recognition that NHS Tayside fully accepted the recommendations within that, a detailed action plan will be put in place.</p> <p>Kate Bell has been appointed the interim Director of Mental Health services, and she has been leading on a collaborative programme to develop a detailed action plan in response to the Trust and Respect report : Listen Learn and Change which sets out Tayside's approach on the 51 recommendations made</p>	

	<p>within the report.</p> <p>GG updated that all the recommendations have been incorporated within the improvement programme, and over recent months and further upcoming sessions, there has been a range of scoping events to engage a range of partners across Tayside.</p> <p>The 51 recommendations have been categorised into 5 cross cutting themes - Strategic service design, Clarity of governance and leadership responsibilities, Engaging with people, Learning culture and communication.</p> <p>A programme of strategy development sessions was arranged, with a further 2 scheduled for 16 and 17 September, which is open to anyone that is willing to engage. MN has been sent the link should anyone wish to attend.</p> <p>Posters and visuals have been produced from each session which can be available if required.</p> <p>GG has had a positive meeting with Kate Bell who is keen to ensure Adult Protection is embedded within the engagement plan and is happy to attend Committee meetings should it be helpful.</p> <p>AG mentioned an email he had received from Lesley Roberts, Programme Director Mental Health and Wellbeing Strategy. He did not believe the email was valid and therefore had spoken with several people who were unaware of this group but GG has now confirmed this.</p> <p>GG will feed this back to Lesley and her team, to ensure communication is professional and to make them aware that many people are still unaware of the strategy consultancy programme.</p> <p>SH thanked GG for improving the connection with Mental Health which has strengthened our work immensely and she hopes the collaboration continues.</p> <p>CL chairs the local Mental health strategy groups which has reached out to agencies such as Mind Space and several others who have all signed up to them.</p> <p>DF confirmed Kate Bell and the team have asked to attend meetings going forward to connect.</p>	
	<p>AOCB Another meeting to be arranged in October to discuss other matters.</p>	
	<p>Date of next meeting Friday 30th October 2020, 10am.</p>	