



**Perth & Kinross Adult Protection Committee  
Minute**

Friday 23<sup>rd</sup> September 2022 10:00 am  
Microsoft Teams

**ATTENDEES**

Alison Fairlie (AF)	Service Manager, Social Work, PKC
Alyson Paterson (AP)	Mental Welfare Commission for Scotland
Amanda Welch (AW)	Care Inspectorate
Angie McManus (AM)	AHP Lead P&K HSCP
Bill Atkinson (BA)	Independent Convener
Christopher Lamont (CL)	Strategic Lead for Mental Health, NHS
Grace Gilling (GG)	ASP Lead, NHS Tayside
Graeme Templar (GT)	DI, Risk and Concern hub, Police Scotland
Heather Paul (HP)	ASP Advisor, NHS
Helen Sievwright (HS)	Interim Service manager, HSCP
Iain Wilkie (IW)	Adult Protection Coordinator, P&K HSCP
Julie Hutton (JH)	CEO, Independent Advocacy
Karyn Sharp (KS)	Service Manager, HSCP (guest)
Kenny Ogilvie (KO)	Interim Head of Service, HSCP
Susan Hunter (SH)	Independent Vice-Convener
Sheila McCole (SM)	Councillor – Perth City South

**APOLOGIES**

Julie Wyllie (JW)	Manager, RDM Care Home
Winne Burke (WB)	Care Inspectorate (AW attended)
Susan Netherington (SN)	Senior Admin for ASP, HSCP

**CORRESPONDENCE MEMBERS**

Alex Goodall	Carer's representative
Deborah Lally	Perth College
Brian Hutton	Improvement Officer, ECS
Raymond Birnie	Police Scotland (GT in attendance)
Louis Ford	Team Leader, Scottish Ambulance Service, NHS
Daniel Smith	GP Clinical Lead for P&K Correspondence member
Erin Wilson	Capability Scotland
Ewan Baird	Group Manager, Scottish Fire & Rescue Service
Michelle Dow	Service Manager, Housing, P&K
Jacqueline Pepper	Chief Social Work Officer
Jenni Keenan	Team Leader, PKAVS (P&K Association of Voluntary Service)
Lynn Blair	Independent Sector Lead - Perth and Kinross
Sarah Rodger	Legal Manager, PKC Correspondence member
William Young	Scottish Ambulance Service, NHS

1	<p><b>Welcome and Apologies</b></p> <p>BA welcomed all to the meeting and apologies were noted as above.</p> <p>Heather Paul, the new NHS link adviser for Perth and Kinross was introduced to the group.</p> <p>Karyn Sharp, Service Manager within HSCP, also asked the group if it was okay for her to attend which was met with agreeance.</p>	
2	<p><b>Minute of Meeting of the Adult Protection Committee (15.07.2022)</b></p> <p>BA highlighted that the Child Protection Committee was subject to scrutiny within the Courier in terms of attendance of its members. BA is comfortable with the arrangements in place however highlights that if anyone is struggling to attend and would like to review their membership to let either himself or IW know.</p> <p>The minutes were reviewed, and comments welcomed. GG provided an update that the multi-agency fire deaths focus groups were held and it was surprising the amount of people that were not aware of a thematic review despite it being published a year ago and all the work that was completed around it. This highlighted further work required in order to get information down to the grass root staff. A report is being pulled together and will be shared with the committee when able.</p> <p>IW advised that there is no significant update regarding the National Care Service however when there is, this will be shared with committee.</p> <p>SM confirmed that she received an email yesterday, explaining that when the Scottish Government was setting up the social security system they had an experience panels exercise, where citizens who were in receipt of benefits gave their views etc to help the service be designed around that. SM said that there is hope that something similar could be set up around the new national care service which SM will circulate with the committee as she feels it would be beneficial that they are involved.</p> <p>Minute was approved by the committee and will be published on the website.</p>	
3	<p><b>Minute of Meeting of the Adult Protection Committee – Subgroup (28.07.2022)</b></p> <p>IW provided an overview of the subgroup minute which mirrored the ASP committee.</p> <p>IW agreed to share the recently published Learning Review framework with the ASP Committee.</p>	IW

## Care Inspectorate Inspection

IW provided an overview of the inspection. The key areas were:

- the key process within ASP
- the strategic leadership for ASP

IW said that it was a really positive inspection for Perth and Kinross, good evidence was found in particular to the strength of our multi-agency approach to safeguarding. IW highlighted that from all of the evidence the Care Inspectorate looked at they did not find an adult that was left at risk.

### Strengths highlighted:

- Value in our self-evaluation and quality assurances
- Our practice is collaborative and good evidence was seen of information sharing between partners from early intervention and triage through to case conferencing and protection planning.
- Use of IRDs
- Leadership is effective and gave sufficient oversight
- That we understood the need to promote community engagement to take forward our vision
- The value and benefits of implementing the care home oversight group and how that supports the care home sector

### Improvement areas:

- To ensure the adult is front and centre of the ASP work and that their unpaid carer is also fully engaged in the ASP work.
- Advocacy is given consideration across all ASP work and where required; they are involved.
- More consistent use of medical examinations.
- Consistency in recording of chronologies and protection planning

GG said that just how well we work as a partnership was highlighted in both inspection report and feedback. GG highlighted that health was recognised as being in 100% attendance of case conferences which is a significant improvement over the last couple of years. The work around capacity assessments and the work around the decision specific screening tool were also recognised.

GG refers to IWs comments around medical examinations, the feedback given was specifically physical examinations. Usually it is assumed that the medical examinations are referring to capacity assessments, but this was not the case. Feedback was provided that in every case that they felt a physical examination was required it was not completed. This highlights the use of health expertise particularly as the second worker and being involved in the screening processes, both of which have been included in the improvement plan.

GG highlighted that the inspection team said that it was one of the best inspection reports they have.

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GT said that the police specific learning identified was that there should be consistency around their internal use of escalation which will be monitored to ensure better compliance. Escalation in terms of who we include in terms of locating policing command which is a relatively new development and is being explored how we can bring in local police into areas they are not well-versed in.

GT advised they are also working on a resilience matrix, showing their workings, detailing when we share our concern reports, how and what our identification of risk was which the inspection team see as vital and is completed nationally. This will be monitored going forward.

GT echoes the comments made, it was very positive around partnership working and drawing more on the expertise of both health and police professionals.

AW agrees the multi-agency approach was very positive and is something P&K has worked hard to achieve, and all whilst through very challenging times in particular and it was good to see it was recognised.

KS asked if the pre work and self-scrutiny carried out correlate with the findings detailed in the Care Inspectorate report.

BA said that one of the strengths that came across, is the amount of self-evaluation and audit work we carry out which has been very helpful for us as it provides a clear insight. The recommendation around advocacy has not been highlighted prior to the inspection and it is felt that this may be an issue due to lack of recording rather than the lack of consideration.

IW said there was nothing fundamentally found that we did not know about. From speaking with practitioners IW is more assured that they are offering advocacy support but not recording it on the system rather than a practise-based issue. IW said that an improvement area highlighted prior to the inspection that was based on our self-evaluation output, was the use of independent advocacy in terms of the adult and their unpaid carer. A plan on how we were going to approach this was shared. JH and IW continue to speak about how we can improve this.

JH advised that there are 70 hours a week allocated to Adult Mental Health and Adult Protection which includes AWIs from Advocacy. JH is aware capacity is limited and as IW mentioned we are in talks to see what we can do going forward. The will is there, the demand is escalating but the bodies are not always there and there are a couple of proposals being put forward for on how we can improve on this.

BA highlighted the challenge had around user and carers involvement in individual service requirements and service planning which is seen throughout the improvement plan.

BA thanked the whole committee in relation to work complete in taking ASP to the stage it is at, which he is glad has been recognised by an independent scrutiny body. BA highlights that we now have the confidence to carry on and extending our performance as you will see within the improvement plan.

#### Improvement Plan

IW shared a draft of the inspection improvement plan which once approved by the committee and then the COG, will be submitted to the Care Inspectorate who will monitor the improvements. A copy was shared prior to the meeting today with the committee.

There are three key areas of improvement:

#### Learning and Development

IW provided an overview of the above subheadings within this area:

- Encourage early recognition reporting of harm
- Consistent, relevant, up-to-date Chronologies
- Protection Plans are in line with guidance
- Multi-Agency approach, with health carrying out the 2<sup>nd</sup> Worker role in ASP work.
- Escalation policy is universally understood
- Medical examinations need improved
- Financial Harm multi-agency response examined
- Multi-Agency information sharing processes reviewed
- ASP learning plan accessible across all sectors
- Quality and consistency of Police iVPD reports improved

In relation to early recognition reporting of harm, SM feels that there is a gap in the knowledge of the general public and community groups regarding raising a concern when they see something that is not right. SM feels that the community groups would be a good first point of contact.

BA agrees, we have a responsibility to improve public information and knowledge which we could do more.

JH agrees with SM, it was raised recently within Child Protection (ECS) that children with care at home are not seen and it is in those community groups that they are and the challenges of what is not going well in their isolated homes etc become known. JH advocates community groups having that high level of education and pathway on how to act. Not just console the person but how to act.

#### User and Unpaid Carer engagement

IW completed audit work late last year, around adult feedback following a case conference to inform how Adult Protection is applied from a person-centred perspective. The conclusion is that we do not consistently get the right information from the right people at the right time, so we were aware that change was needed. The best proposal was a combination of care

opinion approach which is an online approach, which provides good analysis, however for this client group the adult should be supported though an advocacy colleague.

BA advised that the improvements within the inspection improvement plan and the AP committee improvement plan will become one which has been agreed by the Care Inspectorate so that there are not several improvement plans to follow.

AM advised that partnerships have signed up to Care Opinion and is being rolled out to services that wish to be part of that journey which IW is included. There is going to be some awareness sessions in October for staff and colleagues which are general information sessions. AM encourages involvement and should they need further information to get in touch.

BA asks if it caters for everyone under the ASP banner.

AM said it is a very accessible system and can be completed digitally or by letter, voicemail, telephone etc.

#### Strategic leadership

IW said feedback was received from the staff survey that frontline practitioners do not always feel connected to the APC and to some of the strategic decisions that were being made. It was an area that was shared with the inspection team prior to the inspection.

Sessions were held with front line practitioners, and many were honest in advising that they do not know who the Committee members are or what they do. Following this members of the committee met with the frontline practitioners to breakdown that barrier. The feedback from that session was positive and further sessions like this were request. IW said that now that we are coming out of the inspection, further sessions can be arranged which will support that connectiveness between strategy, APC and frontline practice.

The Committee agreed for the improvement plan to be submitted to the COG with a view to it being submitted to the care inspectorate at the beginning of October.

**Revised Code of Practise**

IW summarised the three revised code of practise. One for practise, another for the ASP committee and lastly for General Practitioners.

The Codes do not bring any changed to the way the act applies, so ASP inquiry is still an inquiry, investigation is still investigation, case conference is still a case conference and the timelines that apply to each has not change either.

The fundamental change that these codes have brought is bringing ASP in line with human rights approach to safeguarding. IW said there is a sense that ASP and the revised codes that underpin that will be a similar set of codes that apply to both AWI and Mental health act if they are not merged into one following the Scott Review.

The codes challenge practitioners on how they consider the use of the act with the evidence that is placed in-front of them through a trauma aware approach. Thinking about adults at risk of harm and how that adult is defined within the act.

IW said that the act now needs to apply to those who experience substance and alcohol misuse, self-neglect and hoarding and homelessness. IW shared his view that ASP already is applied to these marginalised groups in P&K but acknowledges that it has been tricky to apply it in the past. The revised codes will hopefully challenge our thinking on how we consider an adult at risk under the act.

The codes do not refer directly to but draws from some of the work by Dr McKay from Stirling University who is an experienced academic in ASP work here in Scotland. She has been a long-standing advocate that the terminology 'ability to safeguard' is not helpful and leads to exclusion rather than inclusion. Dr McKay's work refers to refers to the Collins dictionary for ability, which translates as ability meaning having the skills means and opportunities. The revised Codes encourages practitioners not to be too defined to use the term ability but to broaden this view by using the terms skills, means and opportunities when making the decision on if the adult meets the act or not.

GG said that there is a huge opportunity on how we role this out to practitioners and embed this change into learning and practice.

KO feels development sessions with frontline workers are required. There are capacity issues which has been highlighted. There has already been an increase in the ASP referrals, and resource will need to be utilised to the best of our ability. IW noted that he has offered development sessions to locality social workers and has delivered two to the two teams that have taken him up on this offer.

KO feels that it not just how the person meets the three-point test, it is

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	<p>how the act can improve a person's situation which KO would like to see further clarification on. KO would welcome a session to discuss the changes and how the act can be used to support people that are homeless, have substance issues or both.</p> <p>SM noted in the chat that she agrees a development session would be useful. BA confirmed that a session or series of sessions will be followed up.</p> <p>JH agrees, a development session would be a great pathway. JH is pleased we are looking at the Mental Health, AWI and Adult Protection possibly as one as it about the people.</p> <p>BA highlights that we have discussed strengthening the links with the committee and front-line practitioners and the development sessions around the changes is an obvious way we could do this.</p> <p>AM suggested that it would be helpful if the changes in the Act were also discussed within the new trauma informed group.</p> <p>IW advised that he is involved with the group and with the funding given to each local authority around the trauma informed work, there has been a decision to appoint a learning and development dedicated trauma informed practitioner which will help with this.</p> <p>BA confirmed that JP would normally be here if she were not on annual leave. BA said we are aware of the increase focus and resources as part of the national initiative on trauma informed work, so it is useful we compliment the work being completed there.</p> <p>BA asks GG about the code for GPs, and if this will support the areas identified in our learning reviews in terms of GPs in particular.</p> <p>GG advised that we have waited a long time for the guide for GPs. GG said it is difficult to get the balance; GPs are clear that they only want a short, two-page instruction on what they need to do, therefore their views so far is that it is too onerous to navigate. GG has been in touch with the clinical leads, clinical directors and all the HSCP, to look at opportunities to raise the profile in sessions held with GP colleagues.</p>	<p><b>IW, BA</b></p>
<p><b>6</b></p>	<p><b>Bi-Ennial Report</b></p> <p>The draft document for the Bi-Ennial report was provided to the group prior to this meeting. IW provided an overview of the report identifying the strengths and improvement areas, and although the inspection is out with the period of review some of the work will be included. This report will be sent to the COG, HSCP and possibility through the relevant Committee's then onto Scottish Government by the 30<sup>th</sup> of October 2022.</p>	



	<p>IW confirmed that the Scottish government have asked for the report to be formatted in a particular way. It is shorter than normal but helps the Scottish government to compare and contrast across the different reports produced by each APC.</p> <p>Comments were requested to be provided to IW prior to 30<sup>th</sup> September in order for them to be included within the final draft of the report.</p> <p>GG likes the good practice examples, there are some areas around capacity assessment that she is happy to help with. GG advised that she could take the report to the ASP operational group so that it has governance process within NHS Tayside.</p> <p>IW shared the infographics that will be included within the report. The increase in ASP work was highlighted as there has been an 43% increase in referrals, 46% increase in ASP cases and 62% increase in ASP investigations and 49% increase in ASP inquiries.</p>	<b>GG</b>
<b>7</b>	<p><b>NHS Update – Grace Gilling</b></p> <p>The team has been working on an Alcohol Related Brain Damage pathway, which came from the P19 significant case review. Recently support has been secured from Health Care and improvement Scotland iHub for this.</p> <p>The review of capacity consent and supported decision-making eLearning module which will be going live in the next couple of weeks. This work reflects around the work completed on the decision specific screening tool which aims to help the health colleagues around these areas.</p> <p>GG advised that the Scottish Government has developed an NHS public protection accountability and assurance framework which has been formally approved and will be published by the end of September. It sets out a series of exemplar evidence of what we would expect within a high quality safe and effective board around Child Protection, Adult Protection and MAPPA.</p> <p>GG highlights that it does not include Violence Against Women, and when asked why this was the case, was informed that different COGs across different board areas consider different things therefore it was decided to go with topics core to every board but agrees there is scope to build on this in the coming years. GG is happy to share this in order for it so be disseminate to the committee and future updates will be provided within the APC.</p> <p>GG highlighted that HP has recently joined her team, however both the Care Home and Violence Against Women advisers have left or are leaving post therefore their roles will be advertised in the next few days.</p>	

8	<p><b>Police Scotland Update – Graeme Templar</b></p> <p>GT noted that they are looking at how to better to engage local Perth and Kinross policing command in terms of the escalation of concerns as part of the improvement plan in respect of the recent inspection. How we do that and what we will do is still under discussion.</p> <p>The Perth and Kinross IRD review group is starting next week, this will be fortnightly basis reviewing on going IRDs to provide that oversight and identify any themes for improvement.</p> <p>The backlog of concern reports has been cleared; it has gone from 763 in July to 79 at the last count so there should be no concerns.</p> <p>There is also a review of the ASP work Kerry Reid is exposed to from Perth and Kinross, how we can support this is also under discussion.</p>	
AOB	<p>SM remembers that previously we agreed to arrange a briefing with the elected members on how to signpost constituents to the right place. SM asked if this is still going ahead as she is unsure it was completed.</p> <p>BA confirmed that he will speak with JP regarding this as he believes it was completed but with the HSCP IJB.</p> <p>SM said that there is a number of new councillors and that the briefings for councillors are recorded so that it can be picked up at later point.</p> <p>BA agreed to follow this up with JP.</p> <p>SM asks when dates for next year’s committee will be provided.</p> <p>BA suggested that when SN returns that provisional dates can be issued.</p>	BA
Date of remaining meetings in 2022:	2 <sup>nd</sup> December	