



**Perth & Kinross Adult Protection Committee  
Minute**

Friday 2<sup>nd</sup> December 2022 10:00 am  
Microsoft Teams

**ATTENDEES**

Alison Fairlie (AF)	Service Manager, Social Work, PKC
Andy Park (AP)	Operations Manager, Independent Advocacy
Bill Atkinson (BA)	Independent Convener
Christopher Lamont (CL)	Strategic Lead for Mental Health, NHS
Dave Henderson (DH)	Independent Sector Lead, P&K
Grace Gilling (GG)	ASP Lead, NHS Tayside
Graeme Templar (GT)	DI, Risk and Concern hub, Police Scotland
Helen Sievewright (HS)	Interim Service Manager, HSCP
Iain Wilkie (IW)	Adult Protection Coordinator, P&K HSCP
Julie Wyllie (JW)	Manager, RDM Care Home
Kenny Ogilvie (KO)	Interim Head of Service, HSCP
Susan Hunter (SH)	Independent Vice-Convener
Sheila McCole (SM)	Councillor, Perth City South
Susan Netherington (SN)	Senior Admin for ASP, HSCP
Deborah Lally (DL)	Perth College

**APOLOGIES**

Julie Hutton	CEO, Independent Advocacy
Amanda Welch	Care Inspectorate (public holiday for Care Inspectorate)
Winne Burke	Care Inspectorate (public holiday for Care Inspectorate)
Angie McManus	AHP Lead P&K HSCP

**CORRESPONDENCE MEMBERS**

Brian Hutton	Improvement Officer, ECS
Ewan Baird	Scottish Fire & Rescue Service
Michelle Dow	Service Manager, Housing
Alyson Paterson	Mental Welfare Commission
Daniel Smith	GP, NHS
Erin Wilson	Capability Scotland
Jacqueline Pepper	Chief Social Work Officer
Jenni Keenan	PKAVS
Jennifer McOmish	VAW Coordinator, Perth & Kinross Council
Louis Ford	Team leader, SAS
Raymond Birnie	Police Scotland
Sarah Rodger	Legal Manager, Legal & Governance Services, PKC
William Young	Scottish Ambulance Service

1	<p><b>Welcome and Apologies</b></p> <p>BA welcomed all to the meeting and apologies were noted as above.</p>	
2	<p><b>Minute of Meeting of the Adult Protection Committee (23.09.2022)</b></p> <p>BA provided an overview of the Adult Protection Committee minute from 23<sup>rd</sup> September 2022. Minute was approved for publication by the Committee members.</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 and praised those involved. Minute approved by APC Committee.</p>	
4	<p><b>Bi-Ennial Report</b></p> <p>An overview of the Bi-Ennial report was provided, which was emailed to all attending prior to today.</p>	
5	<p><b>APC Improvement Plan</b></p> <p>APC Improvement Plan was shared on the screen and IW discussed in depth each priority area and several of the improvements within them. Time was provided for any questions throughout.</p> <p>KO advised that in terms of Governance, the HSCP Care and Professional Governance Forum provides reports to NHS Tayside Care Governance Committee and that includes information on Adult Protection. From early next year that same report will be going to the council's Scrutiny and Performance Committee as well.</p> <p>The range of Learning reviews that exist across health, HSCP and ASP and how information is shared was discussed. IW said that a possible pathway of who does what, when and what the response is would be helpful. GG advised that within her ASP Operations group, it was discussed how one individual can be involved in many different reviews over a period of time which Tracy Passway, Head of Clinical Governance is going to raise it with Healthcare Improvement Scotland, to suggest a National conversation around this. GG suggested she and IW discuss this after the APC to look at how they will pull it together.</p> <p>IW highlighted that the post inspection Improvement plan shared with the APC before being shared with the Care Inspectorate has been incorporated within this APC improvement plan so that there is one central plan to work from.</p> <p>GG said that there is information that they can add to the improvement plan, and asked how IW would like to receive this. GG and IW will discuss this</p>	

	<p>post APC.</p> <p>BA suggested that we review the improvement every second APC meeting so that we can quickly update from the APC members.</p> <p>SM wonders if update/outcome could be measurable, and have timelines against it.</p> <p>IW confirmed that he did consider this however, there is some areas that he is unable to give timelines on such as Chronologies. He can give timelines on training, providing revised aid memoires, but the impact cant been measured until we go back and carry out further audit work etc, so an exact date is hard to pin down. IW said that in some areas where he has felt he can a date has been added.</p> <p>SM feels that noting what success looks like within this section should be considered along with initial objectives etc.</p> <p>BA agrees and will work with IW on how we can improve this.</p>	
6	<p><b>Scottish Mental Health Law Review</b></p> <p>GG highlights that this review is 944 pages long therefore has not read it page to page but provided an overview of chapter 14 which relates to Adult Support and Protection.</p> <p>From an ASP perspective, the review is not about re-writing the ASP legislation, it is about maintaining it as a specific piece of legislation but highlighting a number of recommendations that need to be considered. GG advised that the recommendation have not been approved by the Scottish Government so we will need to wait on this decision.</p> <p>SH asks if there has been any change to Independent Advocacy being statutory provision in mental health but not in ASP.</p> <p>IW advised that the proposal is that there will be no change to this. The wording of the review suggests the merging of the AWI and the mental Health Act as they have in Ireland. It is supportive of the decision making framework rather than a very quick substitute decision making framework. They are very keen to have adults voice at the centre of any of the decision making. IW would like to see Advocacy used in the same mandated way it is used within the Mental Health Act as within ASP we only have the duty to consider it.</p> <p>SH welcomes the development of support decision making.</p>	

**Corporate Plan**

IW provided an overview of the KPI Corporate Plan provided to all prior to today.

KPIs indicated with the report:

- Percentage of Adult Support and Protection (ASP) Initial Referral Discussions held within timescale
- Percentage of ASP inquiries and investigations completed within timescales
- Percentage of ASP case Conferences conducted within timescales
- Number of formal ASP Protection Orders used to protect adults at risk of harm

It is KPI's that we have been asked to report on, but also to project what the next 4-5 years are going to look like. IW understands there is a need for performance indicators, there is caution behind this because there may well be legitimate reasons why the timelines are not met and perhaps should not be met because the inquiry or investigation has become quite complex so would rather extend the timeline to ensure quality rather than quantity.

KO said that it is hard to pull 3 or 4 performance indicators to give an accurate picture and agrees there may well be a particularly good reasons for extending the length of an inquiry or an investigation in relation to those more complex cases. Therefore he is finding it difficult to provide the data other than the screening of referrals within 24 hours. The Corporate plan talks about quickly identifying children, young people and adults at risk of harm, where our percentage of referral screen within 24 hours might be appropriate. KO feels that an area that we need to work on is information on outcomes which hopefully Care Opinion will help us with. However, this will take time. In the absence of that we have questionnaires, but we do not really have anything meaningful.

SM said she is concerned about making the KPIs too predictive, as timescales will depend on how the investigation evolves and is unsure how we can put a timescale on one of the more complex case which take far longer. SM said she is concerned there is a lack of understanding about the work of the committee and the complexity of what needs to be done.

SM also highlighted that this report is coming under the Perth and Kinross Offer umbrella therefore wonders if we as an ASP Committee need to have more input into this, and how it evolves.

BA said that some of the guidance is National Guidance as opposed to local guidance. One of the challenges in the past was that we were not able to recognise drift because we were not measuring performance. But BA agrees that if you rush to get a job done it runs the risk that sometimes you do not do it properly. BA understands that KO is grappling with how do you measure the quality as well as the timescales and the importance of getting

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	<p>these matters dealt with quickly and as a priority.</p> <p>IW highlights that audit work carried out review's quality, outcomes, and if the adult is safer as a consequence of what we have done.</p> <p>JW asks if there has been any progress on care homes receiving feedback from completed ASP work. IW said this is acknowledged as an improvement area.</p>	
8	<p><b>NHS Update</b></p> <p>GG provided a paper prior to the meeting which she spoke to.</p> <p>Progression has been made around the recommendations aligned to NHS tayside that came out of the P19 significant case review. One of those was around a review of capacity consent and supported decision making. The LearnPro module for staff has been reviewed and went live in October. GG has spoken to colleagues from Dundee City Council around moving that to Turas, so that other partners can access that also.</p> <p>Another piece of work from P19 was around developing guidance for health colleagues in relation to supporting individuals who find it difficult to engage with our services, and a final draft of this will be shared with colleagues in the new year. Briefing sessions and learning sessions around P19 also continue to be delivered.</p> <p>There has been an NHST AP team restructure. Since the Care Home Adviser left the team, this work sat with each locality Adviser which has worked well. Therefore rather than replace this role, the new AP advisor (Isla) will take on the role of Acute health Adult Protection Adviser and will link in with Ninewells and PRI. Key themes from ICRs, SCRs, LAERs and thematic reviews, have been reviewed from the last 2 years, there was just under 50 areas for improvement and 12 of those recommendations were around hospital discharge and points of transition. Therefore GG hopes that the new role will support with that.</p> <p>The gender-based violence role has been reappointed also, and Jennifer from social work Access Team will join the team.</p> <p>Chronologies is a recurring theme in learning reviews, and guidance has been tested in paper form initially but have linked in with colleagues around it being built into the electronic system that will replace EMIS.</p> <p>SM asks if she has any engagement into subcommittees of the NHS Tayside board, such as the public health committee.</p> <p>GG advised of the various committees that they feed into such as Public protection executive group which then feeds into the board committees. GG has regular catch ups with the director of Public Health also. GG offered her support to SM around these reporting arrangements</p>	

<p>9</p>	<p><b>Police Scotland Update</b></p> <p>GT highlighted their involvement with the IRD reviews which have been conducted on 4 occasions with GG and IW. This is something they wish to continue longer term along with pulling together a report for the next APC in terms of common themes and outcomes such as consistent application, suitable recording etc. GT feels that this has been a worthwhile venture and something he would like to emulate in other areas of Tayside.</p> <p>GT had a meeting with Pamela Ritchie (PR) Team Leader of the Access Team, regarding VPRs that were either late in reporting or inappropriately shared. After going through them at length, GT feels PR was right to flag this. GT has asked PR to continue to keep a record and that they have an ongoing dialogue. GT advised that plans are being put in place by diverting resources from other areas to tackle this. Hopefully, this has now been addressed however we will continue to monitor it.</p> <p>As we approach the festive period the number of concern reports across the division remains high. An average 60 VPRs are submitted monthly, but 81 VPRs for P&amp;K were submitted this month, but 81 VPRs were submitted this month. It was acknowledged that this will have an impact on partners in due course.</p> <p>BA asked if there is any idea of what type of concerns that are causing the increase.</p> <p>GT advised that initial impressions seems to be self-harm and suicide intent that seems to be significant factors underpinning VPRs over the last week or so.</p> <p>A discussion was had around suicide. GT feels the transition period from child protection to Adult Protection is a critical area. SM agrees and suggests that we link in with the Lighthouse who have funding to go into schools to talk to young people about suicide prevention. GT said that his colleagues work with the Lighthouse and The Neuk on a daily basis.</p> <p>IW provided assurance that there is now a full time suicide prevention coordinator under Adult Protection and another full time suicide prevention coordinator working with children, young people and families.. Early 2023 there will also be a suicide prevention strategy group set up, not dis-similar to the APC, so the P&amp;K response to those who might experience suicidality or suicide prevention will be more coordinated than it currently is.</p>	
<p><b>AOB</b></p>	<p>None noted</p>	

**Date of meetings in 2023:**

3<sup>rd</sup> February, 21<sup>st</sup> April, 23<sup>rd</sup> June, 8<sup>th</sup> September and 17<sup>th</sup> November