



## Perth & Kinross Adult Protection Committee Minute

Friday 3<sup>rd</sup> September 2021

10:00 am

Microsoft Teams

### ATTENDEES

Alex Goodall (AG)	Carer's representative
Amanda Welch (AW)	Care Inspectorate
Bill Atkinson (BA)	Independent Convener
Colin Paton (CP)	Team Leader, HSCP
Chris Lamont (CL)	Strategic Lead for Mental Health, NHS
Daniel Dutton (DD)	Community Integration Officer, PKAVS
Deborah Lally (DL)	Perth College
Grace Gilling (GG)	ASP Lead, NHS Tayside
Iain Wilkie (IW)	Adult Protection Coordinator, P&K HSCP
Jackie Daly (JD)	ASP Advisor, NHS
Jacqueline Pepper (JP)	Chief Social Work Officer
Julie Wyllie (JW)	Manager, RDM Home
Kenny Ogilvie (KO)	Interim Head of Service, HSCP
Sheila McCole (SM)	Councillor – Perth City South
Susan Hunter (SH)	Independent Vice-Convener
Susan Netherington (SN)	Senior Admin for ASP, HSCP
Winne Burke (WB)	Care Inspectorate

### APOLOGIES

Alison Fairlie	Service Manager, SW PKC
Claire Mailer	Deputy Director of Communities
Clare Gallagher	CEO, Independent Advocacy
Dawn Wigley	Lead Nurse for HSCP
Jenni Keenan	Team Leader, PKAVS
Sarah Brow	Police Scotland

### CORRESPONDENCE MEMBERS

Gordon Paterson	Chief Officer/ Director of Integrated Health & Social Care
Michelle Dow	Service Manager, SW P&K
Angie McManus	AHP Lead P&K HSCP
William Young	Scottish Ambulance Service
Sarah Rodger	Legal Manager, PKC
Maureen Scott	Healthcare Improvement Scotland, NHS
Natascha Shiels	Capability Scotland
Pablo Vilar	Operations Manager, Balhousie Care Group
John Skouse	Care Inspectorate
Erin Wilson	Capability Scotland
Ewan Baird	Group Manager, Scottish Fire & Rescue 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 (04.06.2021)</b></p> <p>An overview of the previous Adult Protection Committee minute was provided, and comments welcomed.</p> <p>SM referred to the learning and lessons received from the COVID in Care Homes discussion and how this is being shared.</p> <p>IW advised of the Care Home oversight Group, which is a multi-agency approach to providing support for Care at Home and Care Homes. JP also advised that the local oversight group will continue for at least another year and is likely to become a permanent fixture. This will ensure that we have a multi-disciplinary oversight of the Care Home sector which includes the Care Inspector and the report from that meeting is routinely considered by a Tayside-wide strategic oversight group which is convened by the Director of Nurses, with 3 Chief Social Work Officers present and 3 Chief Officers represented.</p> <p>JP said that learning still continues. The way we are engaging with Care Homes has changed and highlighted the successful Going for Gold award ceremony this week where the residents in care homes across Perth and Kinross really showed how their strength and resilience after the really difficult 18 months.</p> <p>AW said that in terms of the model of care that we find acceptable for older people and the lessons learnt during the pandemic will be the absolute forefront within the consultations on the National Care Service.</p> <p>JW agreed with JP, Going for Gold, held at Bells sports centre, was a great day for residents, staff, and families to participate, not in just the day as there was a lot of work prior to that. Many residents trained hard, and overall a good time was had.</p> <p>JW asked for Care Home representation to be on the Oversight group so that their views can be imported.</p> <p>JW highlighted that there has been a focus on infection, prevention and control but feels we need to get the balance right and not to lose focus on care and wellbeing. It is important that we all work together and when a situation crops up that there is understanding that changes aren't overnight.</p> <p>SM agrees balance needs to be right, her concern is really infection, prevention, control and if retrospective fitting will need to be done for some of the older Care homes and if planning should be included.</p> <p>JP confirmed early conversations have been had with Capability Scotland</p>	

	<p>around their plans for the future, and a new approach, for 60 residents in a new location with individual accommodation. Discussions around this development will help us think about how it can be applied across different client groups as well.</p>	
3	<p><b>Minute of Meeting of the Adult Protection Sub-Committee (19.08.2021)</b></p> <p>IW provided an overview of the previous Sub Committee minute, and comments or questions were welcomed.</p>	
4	<p><b>Annual Report</b></p> <p>IW provided a presentation on the key findings of the Annual report.</p> <p>BA asked the committee if the key findings on the initial slide resonated with their experiences:</p> <ul style="list-style-type: none"> <li>- AP activity has increased</li> <li>- Timelines for completing AP activity remain in tact</li> <li>- AP activity across older adult and frailty continue to dominate</li> <li>- Increase in prevalence in AP activity within the 16-24 age group</li> <li>- Continued prevalence of AP where mental health features, particularly in VPRs received by the Police</li> <li>- Despite restrictions, continued face to face assessments</li> </ul> <p>JP said that the increase in prevalence in the younger age group should be addressed and we need to think about how we do that, it may be that we want to formulate a working group on behalf of the Adult Protection Committee around it as the staff involved in that group are not necessarily represented here such as youth organisations that support young people up to the age of 24.</p> <p>KO said that within the Perth City locality meeting, they were aware of an increase in the number of concerns relating to 16 – 24 year olds in woman in particular. There has been work carried out to see how we can improve this within the locality but welcomes the opportunity to spread this out wider which he can discuss following today’s meeting.</p> <p>KO gave assurance that the key findings are a reflection of his experience.</p> <p>BA advised that we have BH from youth services that sits on this committee, who is not with us today, however he provides the cross over as he also sits within the Child Protection committee. DL also represents the College and supports younger adults between 16-24.</p>	

DL confirmed staffing has been increased and instead of 2, Perth College now have 3 health and wellbeing officers to support students with mental health issues. The College is also going to recruit a health and wellbeing coordinator who will support staff in the college as well as interacting with the councils and other organisations. If a short life working group is to be arranged, once the coordinator is with the College, they would certainly be interested to see what support they could provide.

GG agreed that they are seeing the same trends in Dundee and Angus, in terms of an increase in the younger age group and mental health. GG said they are involved in some of the improvement workstreams particularly Crisis Care and Unscheduled Care workstream to look at it from a protection perspective. And due to the increase in mental health activity from an adult protection perspective, GG and her team are about to undertake an annual single agency audit with a focus on mental health and learning disability and the learning will be shared with the committee.

SM feels that the transition from school is an area that needs strengthening as it would be interesting to know, in the age group of 16 to 24, how many of those young adults were in fact in receipt of additional support at school. SM feels that it would be good to do analysis to understand the cause of it.

BA agrees and emphasizes the point that with the exception of DL and BH, who are working with young people directly, the vast majority of us in the committee are working with an older group. So for us to be able to deliver on this outcome, we have to work with our colleagues in child services, mental health services and also violence against women. A public protection approach would be the best way forward in addressing these issues.

SM would also suggest housing are involved as many young people are offered housing which can be quite isolated and there is an increasing demand for support at home for these people.

The second slide was discussed from IWs presentation:

- Report continues to support AP work is person centred and outcome focused
- Continued self-evaluation and audit work into 3 key areas of AP practice supported continued improvement
- Report sees a need to focus on communication and engagement
- Report supports the strengthening of partnerships within the wider public protection agenda, both operationally and strategically, but areas where this requires further focus

	<ul style="list-style-type: none"> <li>- Report supports a continued positive working relationship with public protection and AP colleagues across Tayside in a number of areas</li> <li>- Report has supported improvement in a number of areas, identified new areas of improvements and reinforced areas that were considered areas of practice that require improvement.</li> </ul> <p>GG feels that it is right that IW has highlighted the work across Tayside as it is showing that not only are we seeing similar themes and trends but that we are sharing the knowledge and expertise and not duplicating it. It means that we are able to take forward a number of pieces of work such as the IRD process.</p> <p>BA is aware of the need for a focus on Communication and engagement asked if the users of the services feel the same.</p> <p>AG said that Alison Gallacher has a few avenues in distributing information such as library vans which is going out to different areas in the county. And information could be added to the library trucks. There is also information going into the GP surgeries which would be another option.</p> <p>A discussion was had around engaging effectively with people who aren't part of a formal group like the Unpaid Carers Group. SM is aware that many families feel inadequate by seeking help and/or are unaware of the support available and is aware of the need to break down these barriers.</p> <p>BA is aware that answers to this will not be discovered today and agreed that this will be an area of priority for us that we need to continue to work on.</p>	
5	<p><b>ASP Improvement Plan</b></p> <p>IW discussed the recently updated ASP Improvement plan which was provided prior to the meeting and welcomed any comments or queries.</p> <p>JW asked if she could discuss timelines, communication, and outcomes, particularly with care homes in relation to Adult Support and Protection with IW in a future discussion. IW to arrange.</p>	IW
6	<p><b>Response to the refresh of the codes of practice</b></p> <p>IW provided the key amendments as he sees it:</p> <ul style="list-style-type: none"> <li>• More detail about the three-point test</li> <li>• Clarification on capacity and consent</li> <li>• Emphasis on the duty to refer and co-operate in inquiries</li> </ul>	

	<ul style="list-style-type: none"> <li>• Clarification regarding information sharing expectations</li> <li>• Clarification of relationship between inquiries and investigations</li> <li>• New sections on referrals and related matters</li> <li>• Further detail and clarification on visits and interviews</li> <li>• New chapter on assessing and managing risk including case reviews and large-scale investigations</li> </ul> <p>BA asked for comments or if preferred consideration can be taken and views provided following the meeting. IW did advise that there is limited time therefore comments should be provided as soon as possible so that the response can reflect the Committees views.</p> <p>GG will be providing feedback from NHS Tayside regarding the proposed revision which she will share with IW.</p> <p>IW discussed paragraph 28 and asked for the committee's understanding. JP feels that it is the responsibility of the organisation to make the committee aware of any changes to policies and practices and we as a committee need to ensure that they fit with the direction of travel in terms of continuous improvement across the adult protection agenda.</p>	
7	<p><b>Update APC on AP Activity</b></p> <p>IW discussed the monthly ASP dataset and comments/views were welcomed.</p> <p>It was noted that there was a decrease in some areas that prompted a revisit on how the data is collected and how it is subsequently shared. An example of this was the percentage of referrals screened within 24 hours, it has been seen as a reduction however the recent deep dive highlighted that it is where it should be at 97.2%. Off the back of this, a paper has been issued to our Adult Social Work and Social Care forum, on changing how we are submitting information to the system that generates reports like this, in order to increase its accuracy.</p> <p>JP has seen an increase in case conferences which may be linked to the new IRD process and feels that when the audits are completed on the key areas of practice, that it will help us understand how these connect in terms of multi-agency support and decision making.</p> <p>IW advised that steps have begun around the IRD audit, driven also by our team leader group in order to make sure that what we are doing is working. IW feels that there is a real sense of multi-agency approach to adult support and protection and IRDs are good evidence of that. IW agrees that Adult Protection case conferences have increased, which may be due to the degree of complexity that people are experiencing, and during this time the notion of 'we are in this together' and that case conferences are being seen as a real opportunity to give a multi-agency approach to how we support each other.</p>	

<p><b>8</b></p>	<p><b>Proposals to introduce ASP within the Prison setting</b></p> <p>IW discussed the paper produced by Social Work Scotland and the Scottish Prison service and comments were welcomed.</p> <p>A number of comments have been fed back regarding this change, which is at proposal stage. Nicola Rogerson, a Service Manager within the Criminal Justice sector is one of the chairs, therefore we are very well placed to be centre of this change.</p> <p>GG advised that this paper was provided to the NHS ASP Leads through Paul Comley, and a meeting was arranged with Airlie Dewar who was really helpful and provided a lot of examples from her Prison Healthcare background which GG is happy to share with IW. GG confirmed that they have also submitted comments on this matter. A Dewar shared this information with the Governor who was quite concerned that he hadn't been made aware of it sooner and asked that he is involved going forward in a local basis.</p>	
<p><b>9</b></p>	<p><b>NHS Update – Grace Gilling</b></p> <p>GG provided her update and highlighted the Public Protection framework, we have seen significant investment from NHS Tayside over the past year, which has grown from GG working alone, to a team of 3 Adult protection advisors, a Care Home oversight Advisor, a violence against women advisor, a MAPPA health liaison officer along and permanent senior admin support which GG hopes reassures the Committee that they will be able to take forward their requirements and responsibilities whilst contributing to that multi-agency in partnership working.</p> <p>SM is hearing there is a shortage of psychiatrists in particularly in relation to learning disabilities and asked what the current status is regarding capacity of specialist psychiatry.</p> <p>CL advised there is a national shortage of consultant psychiatrists, psychologists, and registered mental health nurses, which is something that the Scottish Government are currenting in conversations around how we can we address. In Perth and Kinross we have a significant shortage of adult consultant psychiatrists, we have the equivalent of 1.2 full time equivalent posts when we should have 6 full time posts.</p> <p>CL continued to explain that across the whole of Tayside's adult mental health and learning disability services, there is a significant shortage. We are currently in contingency from an adult mental health perspective within our community services and I know that Angus have had to follow suit. Over the last week five out of the seven days there were no admission beds available for either older people or acute patients, which has resulted in patients being transferred into England. CL wishes he was able to provide better news, but unfortunately the situation is not great.</p>	

	<p>SM asked in particular around the learning disability data, for the 1.2 FTE filled, does that include specialism in learning disabilities for that unit.</p> <p>CL confirmed the 1.2 is specifically around our mental health consultants. P&amp;K has a locum consultant psychiatrist within our community learning disability service and that what our full time equivalent should be. So from an LD perspective in Perth and Kinross, which is a community service, were not too bad off. CL is unaware of the situation around in patient learning disabilities as they do not oversee it as it is a Tayside wide model.</p> <p>CL confirmed that they are looking at an alternative model of how we deliver our acute and older peoples mental health services in P&amp;K, and that is using advanced nurse practitioners and advanced practitioners and we've advertised these roles and have interviews planned.</p> <p>GG said that the learning disability and patient service based between Carseview and Strathmartin in Angus, have 1 full time equivalent, and GG understands that there should be 2 and there has been a recent change over with the locum.</p> <p>BA highlights that this responsibility is much wider than the Adult Support and Protection Committee however we have a responsibility to assure ourselves that there is arrangements in place to mitigate this. BA asked that GG and CL provide updates via the Committee on this matter.</p>	<b>GG CL</b>
<b>10</b>	<p><b>ASP Inspection update – Colin Paton</b></p> <p>CP advised that whilst we wait on notification from the Care Inspectorate for the date of when the inspection will take place, we have continued to prepare and gather information.</p> <p>CP provided an overview of the work being carried out such as meeting with Housing and homeless colleagues and separately with Care Homes to get an overview specifically around adult support and how we link with them over the protection element. JP noted in the chat that she agreed with CP, supporting wellbeing is part of the continuum of protection.</p> <p>With IW stepping into the Adult Protection Coordinator role comes new ideas which is also being taken on board. Regular meetings have been put in place with IW, so we can work on the position statement, which will be reduced from the current 60 pages and to make sure it is an easy to understand document.</p> <p>JW asked how CP has engaged with Care Homes. CP explained that a workshop was arranged to get an overview which included Zoe Richardson, Helen Sievewright and Lynne Blair.</p>	



	<p>SM highlighted that she was pleased to hear the point CP raised regarding the support element, and that this is crucial because support is fundamental particularly at the front end and for the wider peer group, family, friends etc. Support being in early is almost a preventative measure and really important that we do.</p>	
	<p><b>Tabled for information and noting by the Committee</b></p> <ul style="list-style-type: none"> <li>• A National Care Service for Scotland – Consultation</li> <li>• Independent review of Adult Social Care in Scotland (Feeley report)</li> <li>• The Independent Inquiry into Mental Health Services in Tayside</li> </ul> <p>BA asked if the committee would like a separate meeting to discuss the papers tabled which was agreed. Meeting will be arranged.</p>	
<p>11.</p>	<p><b>SCR Improvement Plan</b></p> <p>SCR Improvement Plan update was shared.</p> <p>GG recognises that there was a delay in identifying some of the health staff to contribute to this multi-agency improvement group. We now have two senior nurses from acute services identified which GG met with to go through the recommendations. JD is in the process of documenting these changes which will be issued shortly. GG is assured from this meeting that it is moving the right direction.</p> <p>IW had received a request from District Nursing, through the Care Home Oversight group for recommendation 4 to have a change of narrative as they do not have the capability to have oversight of every resident. The change requested is from:</p> <p><b>Recommendation 4</b> The HSCP should ensure that DNs have closer communication and clinical oversight of residential care homes which includes every resident within the care home rather than those formally on the DN caseload.</p> <p>to: <b>Recommendation 4</b> The HSCP should ensure that DNs have closer communication and will support and have a role in the overarching clinical oversight of residential care homes.</p> <p>GG having written the recommendation has no concerns in amending the recommendation to the suggested and asked JD to provide the new improvement plan to be issued to IW today to be shared with the AP Committee.</p> <p>JW said that having access to the right people at the right time is required. Agrees with GG that as long as oversight and support are there and that they are aware of when to use it, that that is sufficient.</p> <p>SM asks that the checks and balances aren't confined to the professionals or the people within the care homes but the wider support as mentioned previously.</p>	

<b>AOB</b>	SH asked for self-neglect and service refusal to be considered for inclusion in the next Adult Protection Committee agenda which was agreed by BA.	<b>IW</b>
<b>Date of next meeting:</b>	<b>10 December 2021 – 10 am</b>	