



**Perth & Kinross Adult Protection Committee
Minute**

Friday 23rd June 2023 10 am via Microsoft Teams

ATTENDEES

Alison Fairlie (AF)	Service Manager, Social Work, PKC
Amanda Welch	Care Inspectorate
Angie McManus	AHP Lead P&K HSCP
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
Iain Wilkie (IW)	Adult Protection Coordinator, P&K HSCP
Julie Hutton (JH)	CEO, Independent Advocacy
Kenny Ogilvie (KO)	Interim Head of Service, HSCP
Sheila McCole (SM)	Councillor, Perth City South

APOLOGIES

Julie Wyllie (JW)	Manager, RDM Care Home
Michelle Dow (MD)	Service Manager, Housing
Christopher Jolly (CJ)	Service Manager (Business Planning and Performance)
Susan Hunter (SH)	Independent Vice-Convener

Correspondence Members

Alyson Paterson	Mental Welfare Commission
Brian Hutton	Improvement Officer, ECS
Jacqueline Pepper (JP)	Chief Social Work Officer
Daniel Smith	GP, NHS
Ewan Baird	Scottish Fire & Rescue Service
Deborah Lally	Perth College
Erin Wilson	Capability Scotland
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
Winnie Burke (WB)	Care Inspectorate

1	Welcome and Apologies BA welcomed all to the meeting and apologies were noted as above.	
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3	<p>Minute of Adult Protection Committee (28.04.2023)</p> <p>BA provided an overview on the AP committee minute from 28th April 2023.</p> <p>BA asked GT for an update regarding the national capacity demand review. GT confirmed that this is going to be a long-term process. Each department will be asked to review and to look at what is a 'must have' service and what is considered to be 'nice to have'. Any changes will be discussed in advance to ensure that it does not impact others.</p>	
4	<p>Minute of Adult Protection Sub Committee (24.05.2023)</p> <p>IW said that the APC subgroup has a good feel to it. It is made up of a number of practitioners from a number of different areas of work that have a real interest in how we use the ASP act as well as the wider protecting adult's agenda.</p> <p>SM highlighted her concerns regarding the levels ASP training received or expected by care at home staff. AW provided assurance that they always look for a good level of ASP understanding within each inspection and is aware of the varied levels of training, understanding and competency levels amongst staff in order to recognise and act appropriately to any adult concerns. KO notes that care at home providers must evidence awareness of the ASP Act and that this is contained within their contacts with PKC. The challenge is that a lot of providers do have a high turnover of staff and it is making sure that staff are consistently trained.</p> <p>IW met with the Balhousie Care Home Strategic leaders, who are interested in developing a learning framework for all of their staff, from frontline to strategic leaders. IW said that it would be interesting to see if that training could then be replicated elsewhere.</p> <p>DH met with a provider yesterday who was last inspected in 2019 and within the report it noted that they had an excellent staff induction programme. DH has been invited along to sit in on the 3-day induction, whilst he will not be there for the full 3 days, he will enquire to what is provided in terms of ASP expectation and learning. DH is aware that the contacts and commissioning team also visit care at home to review the inductions annually.</p>	

5	<p>APC Improvement plan</p> <p>APC improvement plan was issued to the group prior to the meeting today.</p> <p>GG said that she can see lots of areas that NHS are currently taking action on that is not included therefore offers to work with IW.</p> <p>GG also noted some of the documents within the improvement plan are via a SharePoint which she does not have access to so asked if they can be shared with her and any others that were not able to access it.</p> <p>IW provided overview of part (b) areas of improvement. IW said that there is nothing overly concerning raised, amber actions were discussed individually, and IW noted he is not concerned in the pace of this work.</p> <p>4.1: Response to the ASP revised Codes of Practice 2022</p> <p>IW confirmed that he is on target to use the staff survey to review impact of learning in July 2023. IW feels that the learning exchange sessions have not been as well attended as he would have hoped.</p> <p>BA recognises that it is not about only attending the events but how it is embedded into practice. BA is happy for this to remain at amber and await the results of the survey.</p> <p>4.2: A closer look at young people in transition between children and adult services</p> <p>BA agrees that this is a huge area of work and may be the biggest risk when implementing the national 16–18-year-old CP guidance from 2022. Child Protection committees are currently self-evaluating against the implementation of that guidance. This to be completed by October 2023.</p> <p>JH notes that independent advocacy are now commissioned to work with any child or young person that have social work in their life and asks that referrals are received for the 3 advocates in her team.</p> <p>5.2: Establish a mechanism to coordinate the themes emerging from a range of learning reviews in P&K</p> <p>IW said there are several learning reviews that exists across PKC, HSCP, Health and the APC and CPC. this action was in order to coordinate those to prevent duplication and more importantly being able to funnel the learning so that everyone is sited on the outcome of the learning review. IW will be reaching out to understand who is doing what and when and how can we share the findings from these in order to improve.</p> <p>BA asked that dependant on the results of that work, this may come back as green which IW agreed.</p> <p>5.6 We understand the need to improve the existing multi-agency approach to safeguarding within health carrying out the 2nd worker role in ASP work.</p>	
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IW feels that this can be realigned as green which GG agreed as they are on track for this action.

5.7 The P&K escalation policy needs to be universally understood and fit for purpose.

IW notes that within the G20 review, there was missed opportunities around escalation which is not only within Perth and Kinross. IW hopes to get together with GT and GG to look at development work within this area.

5:8 We need to improve in how we use medical examinations within ASP practice to assess and mitigate harm.

IW advised that this was an area of improvement following the inspection in 2022. Through learning exchanges, practitioners have been offered the opportunity to understand when medical examinations should be used. IW has taken up the opportunity to be a lead role in a national guidance. IW has a draft that he is going to send to GG and GT for comments. IW notes there has been development work for this action and hopefully in 6 months there will be a guidance drafted for Tayside.

GG highlights the connection with this and the second worker, because if there was a health second worker there is a higher chance of the medical examination being requested when required. It also ties into the escalation work, and once the tayside guidance is reviewed, GG hopes to have a NHS Tayside escalation that people can refer to when they have challenges in identifying someone to undertake a medical examination especially when it involves a specialist area.

5.11 Improve on the quality, consistency and escalation of Police iVPD reports.

IW advised that this learning came from a case (L22) that was escalated during the inspection last year.

GT advised that he completed a briefing paper in response to the L22 case. GT advised that it is now business as usual, the inconsistency of the VPDs is part of daily business. GT said that they have had an upgrade to the iVPD system which automates the escalation process, altogether removing that lack of consistency. GT advised that other than L22 no other concerns have been highlighted to him and that he does not feel it should feature on the improvement plan.

BA said that this was something that was highlighted to us through inspection and by putting it on the improvement plan it provides an audit trail of our understanding and the actions taken. BA agrees from what was said that it could be regraded to green. BA asks if the action should be more generalised to the quality or consistency of referrals throughout. BA questioned if it could also be considered with the escalation action which he can discuss with IW following today.

Risk Register

BA highlights the 2 highest risks within the risk register:

	<ul style="list-style-type: none"> • The work of the APC and/or APC Working Groups and/or APC Coordinator is compromised as a consequence of limited and / or reducing multi-agency funding; agency organisational transformation and change; and / or budget pressures • Multi-agency frontline working arrangements and key adult protection processes are compromised as a result of increasing numbers of referrals and demands on existing Council officer availability. <p>BA notes the comments made by GT earlier regarding budget pressures and the review that is being undertaken due to that. BA asks if APC work is impacted due to the pressures financially, staffing or resource wise that they are facing.</p> <p>GG said that all statutory public sector services are being financially challenged financially and the availability of the work force. Across health there are some services and teams that are struggling to recruit and retain staff. For example the national shortage of consultant psychiatrists. GG said her team is fully funded and resourced but does recognise that there are some gaps within health.</p> <p>KO said that social workers carrying out statutory adult support and protection work, was previously on the operational risk register as a red risk. It has now been removed due to the improving capacity. There was funding for extra social worker posts, and adult social work is now recruiting people for those vacancies. There is a number of new SW starts that are going through their training. KO does not feel that there is an organisational risk in terms of Council Officer availability at this time and thinks that the position will improve over the coming months.</p> <p>JH said that the challenges of recruitment and retention is being felt within Independent advocacy. She describes the position at this time as settled, but this will change with the retirement of a senior worker in the forensic mental health service. This is someone that has been working in the service for around 13 years and works above and beyond the role, therefore JH is aware that she will need to manage expectations going forward. JH is aware of the pressures on social work, housing etc which then has an impact on her service. JH advised that they are expanding their team quite significantly, in both the premises and the number of people delivering advocacy. JH gave an overview of the service and its importance. JH notes that funding is required and without it there will be no voice of the individual.</p> <p>DH highlights that the independent sector is the lowest paid sector and everything from recruitment, funding, retention and stretched resource that independent sector is included.</p>	
<p>6</p>	<p>National LSI Framework by IRISS</p> <p>IW advised that this framework was published recently. It is going to provide a good opportunity to use this against our LSI audit work. There is work around revising our approach to LSIs with the great prevalence of NHS as</p>	

	second worker. IW is holding a development session on 28 th July to look at our framework and to understand what this guidance tells us.	
7	<p>NASPC Newsletter – June</p> <p>BA encourages the group to read this newsletter, and if there is any further information required to get in touch with IW.</p>	
8	<p>NHS Update – GG</p> <p>GG advised there is a new learning and development lead within Public Protection in NHS Tayside, Sharon Carmichael who was the lead inspector on the national P&K inspection. Sharon has settled quickly and is starting to pull together public protection learning and development strategy. Part of that this how we link in with partners and what single agency training, multiagency training is available, and that the public protection training is accessible to their partners. Sharon is keen to set up a group which GG will ensure IW and GT are involved in.</p> <p>GG said another area of work across the public protection agenda is looking at the emerging themes. GG advised they have review of all the health recommendations that has emerged from various reviews across tayside. This is an opportunity to see where we are with those and looking at those themes. GG said there is 6-7 core themes such as Professional curiosity, understanding legislation, information sharing, early escalation etc. GG said that they are hoping to do some deeper work so that they are not seeing the same learning coming through and hope to use other partners within that work.</p> <p>SM asks how this work get escalated to any of the board sub-committees.</p> <p>GG said that she chairs operational group that reports into the public protection executive group that is chaired by the Executive Nurse director, they meet every 3 months. Information from that is reported to care and clinical governance then into the board. GG also goes to the board and provides their annual reports. GG said that IJB chief officers go to the public protection executives’ group. GG said that recently the Nurse Directors and spoke with Beth Hamilton regarding a nonexecutive joining that public protection executive group.</p>	
9	<p>Police Scotland Update – GT</p> <p>GT provided a report prior to the meeting which he gave an overview of.</p> <p><u>Training</u> Joint Inspections for Adult Support and Protection continue across the country. The national ASP Policy team continues to review findings and amend policy and processes as required. Many of the improvement areas</p>	

	<p>have already been identified as part of the iVPD continuous programme of development.</p> <p>Development continues with Tier 2 training. Discussions have been held with national Detective training and a template of topics for inclusion devised.</p> <p>ASP Policy are currently developing a CPD Day for officers across Police Scotland, it is scheduled for August 2023. Likely topics may include, Care inspectorate Triennial review input, case studies including Large Scale Investigations and learning reviews.</p> <p>Adult IRD's remain a priority for Police Scotland and ASP Policy are encouraging local divisions to have discussions with relevant partners in order to emphasise the importance and benefit of conducting Adult IRD's.</p> <p><u>Staffing</u> PC Kerry Reid continues to act in her capacity as Police Adult Protection 'single point of contact' for Perth and Kinross, assisted by PC Mike Allardyce from the Risk and Concern Hub.</p> <p>The Risk and Concern Hub is reviewing all commitments, following a national instruction to review capacity and demand across the organisation.</p> <p><u>P&K ASP IRD Review Group</u> GT is hoping to share the learning from this group, in the hope of then re-starting it with a view to it becoming a permanent feature, providing a level of oversight, quality assurance and continuous improvement.</p>	
<p>AOB</p>		