

Agenda Items 2 & 3 – APC 30 October 2015

Minutes of Shetland Adult Protection Committee Meeting held on 12 June 2015 at 10:00am in Room 10 at Islesburgh Community Centre, King Harald Street, Lerwick

Present:

Max Barnett	Convenor and lay member (Chair)
Anne Robertson	Team Leader, Voluntary Action Shetland (APC Vice-Chair)
Simon Bokor-Ingram	Director of Community Health and Social Care
Gail Bray	Training Co-ordinator for APC
Kathleen Carolan	Director of Acute and Specialist Services, NHS Shetland
Dr Roger Diggle	Medical Director, Shetland NHS Board and GP Lerwick Health Centre (for item 2 only)
Janice Irvine	Advanced Practitioner (Protection), NHS Shetland
Stephen Morgan	Interim Executive Manager, Mental Health and Community Care
Martha Nicolson	Chief Social Work Officer
Jordan Sutherland	Interim Team Leader, Supported Living
Lindsay Tulloch	Chief Inspector, Shetland Area Command, Police Scotland

In attendance:

Angella Fulton	Contact Manager, Care Inspectorate
Mary Veighey	(Minute Taker)

Apologies:

Susan Brunton	Solicitor and Team Leader, SIC Legal Services
Kate Gabb	Lead Officer of APC & CPC
Kristen Johnston	Solicitor, SIC Legal Services
Kate Kenmure	Child and Family Health Manager
Amanda Malcolmson	Team Leader, Community Care Resources
George Martin	Team Leader, SIC Housing Support
Denise Morgan	Executive Manager, SIC Criminal Justice Service
Ian Binnie	Strategic Inspector, Care Inspectorate

Other members not attending:

Duncan Mackenzie	Procurator Fiscal, nominated COPFS representative
Peter Stevenson	Fire Safety Officer for Shetland, Highlands & Islands Fire and Rescue Service

Agenda Item 1 – Welcome and Apologies

Max welcomed members, particularly Martha, now confirmed as Chief Social Work Officer and Executive Manager, Children's Services. There was a round of introductions and apologies were given as noted above. Item 2 was to be presented by Dr Roger Diggle and Max said he would continue with the other items on the agenda, until Roger's arrival.

Agenda Item 3 – Minutes of the last meeting held on 16 April 2015

Minutes of the meeting on 16 April 2015 were approved by the Committee.

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Agenda Item 4 – Matters Arising from Minutes of the meeting of 16 April 2015

Actions numbers 9.3, 6.2 (part 1), 6.4, 13 and 14.3 were noted as having been completed, as recorded in the amended appendix 1 to the minutes of 16 April 2015, as included with the papers for APC on 12 June 2015. Actions numbers 3.1-3.5 and 11.3 were still in progress or to be carried forward and these are retained in appendix 1 to the minutes of the meeting of 12 June, although they were not discussed at that meeting. Those matters arising not dealt with elsewhere are recorded below:

- 4.1 (4.3) – *Work with Banks re Financial Abuse* – Lindsay said he had delivered letters to each bank.
- 4.2 (5.1/5.2) – *Role of Convener* – Max said his current term of office as Convener of APC would finish in August. Max had offered to continue for one further year and this offer had been accepted at April's APC meeting. However, Max said he had subsequently met with Mark Boden, SIC Chief Executive (on 8/6/15) and had agreed to continue for a further three years, subject to the approval of APC members. Max read from an e-mail sent by Susan Brunton, SIC Legal Services, saying that APC members could make nominations for the role of Convener and asking to be informed of the result of any recommendation made at this meeting. APC members were very happy to accept Max's offer of a three year term as Convener and Max asked Mary to let Mark Boden and SIC Legal know of this recommendation. **Action: Mary**

Agenda Item 5 – Adult & Child Protection Lead Officer's Report

In Kate's absence, Max outlined the following points from this report:

- 5.1 **Quality Assurance Sub-Committee (QA SC)** – the national APC Convener group was very concerned about the uninterested attitude of the Scottish Government towards Adult Protection, for example having not yet looked at biennial reports, hoping to do so only by September 2015. Max pointed to the two-tier system in operation, with Child Protection receiving priority, in particular with regard to the provision of venues for CPC Chairs' meetings, whereas, on asking the Scottish Government for help with venues, the national APC Convener group was told there were no funds for that. There had been discussions with the Government a year ago on the review of the Adult Support & Protection Act, but it now seemed there was no intention to pursue that. Similarly, there was no further word from the Government on the five National Priorities, save that financial harm would still be a priority. The Policy Forum had not met since last September and was only due to meet this September, with the new Government minister in attendance. The Chair of the national Convener group was trying to meet with the minister. Max said he was very disappointed. Stephen said he was extremely disappointed and had expressed this at QA SC, especially regarding the vacuum on policy, given the more complex issues of Adult Protection such as alcoholism and incapacity (compared with Child Protection).
- 5.2 **Financial Harm – Meeting with local Financial Institutions** – Max said there had been a very positive meeting with local banks and this would be repeated in six months time, by which time he hoped the Scottish Government would have finalised a financial abuse prevention strategy. He had seen a draft version and would e-mail it to APC members, once

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he had clearance from the Government to do so. Other APC members said they had not seen the document.

Action: Max

- 5.3 **Funding of PVG Checks for Voluntary Groups** – Anne said confirmation was expected of a Service Level Agreement for funding of £1,500 for this year. Following discussion at the Protection in the Community Sub-committee, Kate G would be putting a further report to the Child Protection Committee on 25 June regarding future funding arrangements. Stephen suggested this be raised with the Shetland Partnership, as it held overall responsibility for protection and safeguarding. Max said he had discussed the issue with SIC Chief Executive Mark Boden, who had said that if this was something that needed to be done, it would be done and should be funded by a single payment from one department to VAS to administer PVG checks for voluntary groups. Max said he would include this in his report to the next Chief Officer Group meeting in September, which would coincide with revenue estimates. Max thought the funding would sit within the Adult and Child Protection budget. Anne added that, following representations by different local and national groups, Disclosure Scotland had reversed the previous policy decision that bereavement was not a “particular need” in regard of adults and therefore those in receipt of bereavement counselling were not protected adults. Bereavement counselling was now deemed to be a particular need eligible for PVG protected adults, as well as children where applicable. This now allowed groups to undertake a PVG check in relation to work with adults if a bereavement counselling service was being provided that met the criteria of being regulated work within PVG. The criteria would generally be – providing assistance, advice or guidance to a protected adult or particular protected adults which related to physical or emotional wellbeing, education or training. APC members agreed that this was good news.

Agenda Item 6 – Report from Joint Adult/Child Protection Training Sub-Committee

Gail gave the following feedback on training matters:

- 6.1 **E-Learning** – 83 people (22 of which were still in progress) had participated in e-learning over the last quarter (Feb-May) through the SIC.
- 6.2 **Level 2 Training** – Several of these courses had been run, but there were problems with getting people to attend, e.g. at a course on 5 June, there were just 2 trainees in the morning and 3 in the afternoon. It had been decided to only use one trainer for these courses. Gail said the number of people booking places was very small and she thought this was due to the pressures of work and difficulties in finding backfill. Stephen said there would be problems with backfill for social care workers as they were struggling to get people to deliver services. Simon said he would have expected people to book training and asked whether there were enough people requiring training. Stephen made the point that if people were under pressure, they might put off booking training and it would slip down in their order of priorities. Also there were a lot of different change processes with a lot of associated training going out to units. He was doing more informal training with his staff. Max recommended checking if all those needing training had been trained and asking Team Leaders what the reason was for people not taking up training, whether due to pressures of work or any other reason.

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- 6.3 **Level 3 Training** – Gail said this course, delivered by external trainer, Ian Kinsley, had been well attended, with 18 out of 20 places filled by a mixture of senior social care workers and health staff.
- 6.4 **Level 4 Officer Training** – 4 people had attended this training delivered by Ian Kinsley.
- 6.5 **Level 5 Case Study Training** – 9 social workers and team leaders attended this one day training, delivered again by Ian Kinsley, to discuss challenging case studies. There were no feedback evaluations.

Kathleen joined the meeting at this point.

6.6 Follow up re low numbers –

- i) Martha referred to the SIC's Risk Register, that a risk would be people not attending Child Protection or Adult Support and Protection training. She confirmed that Adult and Child Protection were on the SIC's Risk Register, as well as training – Adult Protection training should be included. Simon said he and Martha were on the SIC body dealing with risk. The Risk Management Board would be meeting in the next few weeks and he would ensure the Risk Register reflected the discussion at this meeting, also to initiate some action.
- Action: Simon**
- ii) Max said he had met with Allan Barker, the Care Inspectorate's local inspector, who was very interested in training and would be asking, during his visits, what training staff had received. Allan Barker had asked for copies of the e-learning pack that was provided for Crossroads so that he could put specific questions to staff. Gail said it would be in order for Allan to be given copies of this e-learning pack. **Action: Kate G/Sarah J**
- iii) Gail said there were more dates set for Level 2 training (30 Sept). She would check with Team Leaders as to what training had been done and the need to encourage staff to book and attend training. She pointed out that there were trainers who could deliver training in units, e.g. one trainer was based in Unst. Simon asked Gail to let him have a rough idea of the percentages of staff in units who had been trained. **Action: Gail**
- iv) Angella said it would be interesting to see percentages of staff trained as she was hearing mixed messages: on the one hand there were difficulties in releasing staff, on the other hand those who had taken part in training had evaluated it very positively and had brought the learning into practice. She wondered if local care inspectors could participate in Level 2 training to update their understanding of local procedures. Where inspectors had attended training courses, their presence had been quite well received. Members agreed that this was a very good idea. **Action: Gail**

Agenda Item 7 – Report from Joint Inspection of Older People's Services

Stephen said there had been some local confusion – the draft report would now take longer than anticipated, due to the very detailed nature of the feedback. It would be sent to Simon at the end of June/mid July to be available for the next APC meeting in October.

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Dr Roger Diggle joined the meeting at this point.

Agenda Item 2 – Action Plan re MWC Investigation

2.1 Roger discussed the Action Plan drawn up to incorporate learning from this particular MWC investigation which gave details of progress on the various actions:

- i) Introduction of Advanced Nurse Practitioners had released GPs to concentrate on more acute cases.
- ii) GPs to do basic introductory e-learning training on Adults With Incapacity – all professionals needed a basic understanding of this.
- iii) Three people were undergoing more in depth training to provide a cadre of experienced professionals to help GPs do AWI assessments.
- iv) A specialist in dementia was available to provide advice remotely when others were not available.
- v) Two psychiatrists had been recruited, one was in post and the other to follow in mid July.

Janice joined the meeting at this point.

- vi) Multi-disciplinary case conferences were now more common, becoming embedded in practice, with processes put in place to trigger reviews of care packages.
- vii) How to deal with adverse event reporting – work was ongoing to adapt the NHS A&E policy to be in line with national guidance. To consider how this would tie in with the new Integrated Joint Board for Health and Social Care, to ensure compatibility with SIC processes, given the different legislative frameworks and sources of guidance for the NHS and the local authority.
- viii) Incapacity training – Kathleen said a questionnaire looking at understanding by staff of capacity issues across different settings had been sent to health and community care staff, to be distributed across all agencies. It was intended to analyse results over summer 2015 and use to give guidance to Heartfelt training company for their training in Shetland later this year. Simon confirmed receipt – 8am on 12/6/15. Max asked that it be sent to him.

Action: Mary

2.2 Stephen said procedures for dealing with Adults With Incapacity had recently been rewritten (currently with SIC Legal Service for final proof reading). When completed, he would share these procedures with APC members.

Action: Stephen

2.3 Max asked about training for social care staff. Roger said the MWC would provide one day's training, split into two half days. The morning would be level 1 generic awareness raising for all staff in both health and social care services. The afternoon would be spent on training health care professionals on how to do assessments. Max asked that Kate G be informed of training for social care staff.

Action: Mary

Kathleen explained that the training to be provided by Heartfelt was more comprehensive and was an intermediate step which would be used to develop in-house training. E-learning alone would not be sufficient.

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- 2.4 Max asked if members had any questions or comments. Lindsay said that Adult Support and Protection referrals were very low, whereas Child Protection referrals had increased and that this highlighted the importance of training. Roger said Adult Protection was more complex than Child Protection, as seen by the changeable nature of capacity in the same adult depending on the decision they had to make – the judgement would be of the capacity of the adult to take a particular action. There were a lot of adults with doubtful capacity which had never been assessed. Roger said there was a process to ensure the right decisions would be made for people turning up at the hospital A&E department. For those being cared for in the community whose capacity to make decisions had not been determined and who might not have capacity to consent to or refuse actions – there might be no harm being done, but legally, there should be an assessment of capacity.
- 2.5 Max said the legal position was very complicated. Angella said there were very good Codes of Practice accompanying the Mental Welfare Act <http://www.gov.scot/Topics/Health/Services/Mental-Health/Law/Code-of-Practice> and checklists/tools from the Mental Welfare Commission <http://www.mwcscot.org.uk/publications/good-practice-guides/> <http://www.mwcscot.org.uk/media/51918/Working%20with%20the%20Adults%20with%20Incapacity%20Act.pdf>
- There was also an Expert Group at the Care Inspectorate regarding Adults With Incapacity with e-mail addresses to which people could send applications and enquiries: AWI.applications@careinspectorate.com and AWI.enquiries@careinspectorate.com .
- Stephen said those with a case management role had not been equipped with support for when things became more complicated and GPs were not always available to help. Mary was asked to shred hard copies of the confidential paper.

Action: Mary

Roger was thanked for attending and left the meeting.

Agenda Item 8 – APC Business Plan 2015/16

Max said this was a flexible document which would be updated following results from the inspection. He and Kate G consulted it regularly. He asked if members had any questions – there were none.

Agenda Item 9 – APC Statistics for Quarter 4 (Jan – Mar 2015) & Annually 2014-2015

Max said Allan Barker, the Care Inspectorate's local inspector, was aware of the referrals from residential units mentioned in the annual statistics. He noted the high number of referrals received from the police which was in line with other areas. Stephen wondered if there was any duplication of referrals between the police and social work. Lindsay explained that when a referral was uploaded onto the Protecting Vulnerable Persons database, an update would automatically be sent which should not be logged twice by social work.

Agenda Item 10 – Appropriate Adults (Progress on Updating Procedures)

Jordan said the Scottish Government had now published national guidance regarding Appropriate Adults and this had caused some slight changes to the amendments of the local procedures. He

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had discussed with Stephen and Rosemary Blain changes to duty social work, as Appropriate Adults used to be the duty social worker. Sarah Johnston had a draft training package. Lindsay said that there had not been any delays in obtaining Appropriate Adults. Stephen said it was a potential problem. Lindsay said there was a need to look for Appropriate Adults and there would always be a need for training. Max asked if members had any questions – there were none.

Agenda Item 11 – MAPPA

A briefing report on MAPPA from Denise Morgan was included with the papers for the information of APC members. APC members were asked if they wished to continue to receive such briefings. Stephen and Lindsay both said they would. It was agreed that this briefing was useful to keep APC members informed and would be for noting. It was acknowledged that MAPPA matters were overseen by the Chief Officer Group.

Action: Mary (continue to provide)

Agenda Item 12 – APC Survey

Stephen said he was disappointed that there had only been a 63% response from a small group (12 out of 19 participants), particularly as the survey had been issued twice. Kathleen said she had entered a comment which did not seem to have been received, regarding "...needing promotional opportunities for closer working with a lot of small sub groups". She said a commitment had been made to do that and it would help APC to perform. Kathleen asked if the percentage representation of all APC partner agencies could be checked, as opposed to individual members.

Action: Sarah J

Stephen wondered if there was a need to review attendance at APC, but Max said that attendance was very good.

Agenda Item 13 – A.O.C.B.

13.1 Stephen asked about the Clinical Government Committee – Kathleen said it would become the Clinical and Care Governance Committee. Stephen said he had presented a paper on Adult Support and Protection to the Committee which initiated a very good discussion, including on how APC linked in to governance structures. Max said there were links with work on the Single Outcome Agreement. He noted that NHS Chief Executive, Ralph Roberts and SIC Chief Executive, Mark Boden still wished to retain the Chief Officer Group set up specifically to oversee Adult and Child Protection, MAPPA and Domestic Abuse. Kathleen referred to training for adverse events and said there was a need to create a process where all such matters could be in one place.

13.2 Anne noted that the information from the Scottish Government re Health and Social Care Information Sharing and the note on the Information Commissioner's Scotland Office visit to Shetland on 15-16 September had been e-mailed to APC members, following the April meeting. Anne Cogle, SIC Legal Services, was the liaison person for this visit.

Agenda Item 14 – Dates of future meetings

(both 10am-1pm)