

MINUTE OF ASPC MEETING

Tuesday, 30th June 2020 at 10.00am

Via MS Teams

Present:

Alan Small, Independent Chair
Colin Sanderson, Station Manager, Scottish Fire and Rescue Service
Danielle Archibald, Adult Support and Protection Coordinator, Fife Council
Janice Brown, Strategic Inspector (Children and Young People) Care Inspectorate
John Jarvie, PS, Missing Person Operational Coordinator, P (Fife) Division, Police Scotland
Jennifer Rezendes, Service Manager (Adults West), Health & Social Care, Fife Council
Mhairi Lochhead, Fife Carers
Norma Beveridge, Head of Nursing, ECD, NHS Fife
Paul Short, Service Manager, Housing, Health & Social Care, Housing Services, Fife Council
Shona McEwan, Engagement and Participation Co-ordinator, Adult Support and Protection Team, Fife Council

Apologies:

Janice Bain, Operations and Development Manager at RNIB
John McKendrick, CEO, Fife Forum
Julie Paterson, Divisional General Manager (Fife-wide), Health & Social Care (Depute Chair), Fife Council
Karen Pedder, Service Manager (Operations Central)
Lisa Weylandt, Advocate, People First (Fife) (could not dial in)
Mike Gemmell, Station Manager, Scottish Fire and Rescue Service
Paul Dundas, Scottish Care
Scott Cunningham, DCI, Public Protection, P (Fife) Division, Police Scotland
Sheila Berry, Scottish Ambulance Service (could not dial in)
Stephen Wood, DI, Risk and Concern Hub, P (Fife) Division, Police Scotland
Susan Burt, Service User Representative, People First (Fife),

Minute Taker:

Jacqui Cook, Support Assistant

Item		Action
1.	Welcome/Apologies AS welcomed members and apologies were noted. AS introduced DA who has now joined as of yesterday as the ASPC Coordinator and welcomed her to the meeting. AS asked all to use the mute facility if they are not speaking. AS also advised of a technical difficulty on Teams which meant that uploading of papers for the meeting had not been possible.	

<p>2.</p>	<p>Minutes of Previous Meeting – 06 May 2020</p> <p>It was noted that S Wood had asked for the following amendment to be made: Within the Minutes and under the Missing Person/Human Trafficking section replace the wording “Government views on this is that people are generally adhering to instructions” with 'This would be consistent with “the Government's viewpoint that the majority of people are generally adhering to instructions.'</p> <p>It was noted that John McKendrick’s apologies were omitted from the last minute.</p> <p>Minute was approved with the above amendments.</p>	
<p>3.</p>	<p>Action Register</p> <p>AS advised that he did not intend going through this as this is an extra ordinary meeting. This will be discussed at the next meeting of the APC as there are a few things that DA’s involvement will help to move forward.</p>	
<p>4.</p>	<p>COVID-19 and Adult Protection</p> <p>AS advised that the Scottish Government Weekly Data Report was received yesterday and is circulated weekly to APC. The report gives an overview of all areas including Fife. We can’t compare like for like but it gives a flavour of things and over last few weeks we have seen APC referrals and reports of harm have risen back to where we would expect.</p> <p>JR referred to the first report the APC activity weekly update. This runs from Thursday to Wednesday and is from 24th June The report is used to collate weekly activity of calls into Social Work contact centre. Key indicators are selected from Scottish Government across all Local Government authorities. This looks at the number of Young People data reports broken into adult concern and adult support and protection. Referrals are also reported. It shows completed IRDs, adult harm investigations, investigations leading to case conferences and then leading to protection plans. And protection plans dealing with domestic abuse have shown a steady increase.</p> <p>All Adult concerns are above last years total with 89 in the same period last year compared to 107 this year. Adult Protection referrals went down slightly from last year 55 (all referrals) compared to 41 this year. There has been a steady increase over the Covid period and Police are the highest referral source. Acknowledgement that across Scotland adult protection is defined differently, so Fife has supplied a data context to help understand the information better.</p> <p>Second report hones in on the Adult Support Protection period in total. As part of SE&I group we aspired to report quarterly to ASPC with agreed context. This report may be that and we will raise this at the next group meeting. Looks at in total of March to May pandemic</p>	

<p>all ASP referral sources highest is police, then secondary health, then external support worker. The age and gender 40-64 jumps to 20-29. Information is purely from SW records and saw massive drop in the category of dementia and is still at 1 so JR has taken this back to colleagues. JR clarified that this doesn't mean only 1 person with dementia has been through AP category. JR is working on data definition and context to get a better sense of the presiding problem.</p> <p>Main category of harm is financial harm, reflecting police report nationally. This chart will allow us to cater for targeted learning or campaigns going forward. Physical harm, then psychological/emotional harm. In terms of locations own home was highest category, then care home at 4. All partners are reporting. JR will also bring this to SE&I meeting.</p> <p>JJ commended what JR has produced and stated it is good in terms of mirroring what Police has. Fraud is up 56% this year and this mirrors own home which is 57% and ties in again with fraud figures in Fife. This is cyber enabled, although whether linked to adults at risk we are unsure, but still working on this. People are at home and ordering goods online using fraudulent sites. Document mirrors this data.</p> <p>JR noted that this also identifies primary sources of harm.</p> <p>JJ – fraud is up 56%, but own home is up 31% as primary source of fraud. Not sure whether this refers to adults at risk or general population.</p> <p>NB noted the rise in 44 – 60 age group and noted that she is interested in this and we are aware and conscious. It is not the expected age group to see a big rise in. Moving forward we will be interested in seeing this on a trend. Referrals have not through A&E as there has been a reduction in A&E attendances. Some context going forward would be good.</p> <p>DA advised that some may have been NHS 24 referrals, with people making direct contact.</p> <p>AS noted and advised the meeting that DA was previously manager for the Social Work Contact Centre</p> <p>PS noted it is really interesting in terms of location and would like to see if it is happening in supported tenancies or in own home. Will be good for all partners to see. Figures have bounced around and has mirrored other referrals.</p> <p>JR is hopeful that this will be a way to open up joint working and how this will look.</p> <p>AS commented on the bouncing in the figures and stated that the weekly PPG meeting is set up to look at trends. There has been a spike in AP referrals, and domestic abuse during good weather. AS commented that drugs & alcohol may have been the reason.</p>	<p>JR</p> <p>JR</p>
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	<p>He noted that the Scottish Government report shows the Fife Adult Protection statistics and is interested in homeless reports. Fife is third highest in Scotland.</p> <p>PS confirmed this. In terms of Domestic Abuse the MARAC SOG stats show an increase too. There is a slight spike in homelessness but also a spike in domestic abuse. As 3rd biggest Local Authority we would expect to be 3rd highest. We have planned for it to be higher, and Domestic Abuse is worth watching as we come out of lockdown.</p> <p>JR noted that the report from violence against women, needs to be unpicked as we move forward in improvement plan and look at domestic abuse.</p> <p>AS commented that this was discussed at DEWIS Project and JR and SC have an action to look at over 60s and domestic abuse. SN presented a report to PPG last week from Women's Aid which shows a considerable spike in calls to Women's Aid but not directly linked to domestic abuse. More refuges have been opened which might help. It will be interesting to see where trends take us. There was a fear to start with that Track and Trace might have an effect or breakdown in staffing issues.</p> <p>JR advised that part of her role has been to support staff testing, external and internal care provision and care homes. We have seen 100% joining in and colleagues filling in forms. There have been low positive cases and we are trying to join up with the care home testing programme. Week on week there have been few people testing positive and needing to not return to work. This has been rolled out with Children & Families and Residential colleagues too.</p> <p>AS noted, that it will be helpful if JR can get information on a quarterly basis. Also, when we look at outstanding action for services we should look at our own data to see if it looks across at other services. Scottish Ambulance figures are very low, so there may be some form of miscommunication. We need Health, Police, Fire & Rescue and Ambulance services to get some triangulation on these figures. DA will send out a prompt prior to next meeting to remind people to check this to give reassurance that stats match up.</p> <p>CS noted that Mike Gemmell had mentioned home fire safety visits had ceased, but had recommenced to over 50s, smokers and those living alone or at higher risk. These are now being seen again. This is part of a national campaign called "Make the Call".</p>	<p>JR/SC</p> <p>JR</p> <p>DA</p>
<p>5.</p>	<p>Recovery Planning</p> <p>AS noted that Paul Comely attends a 5 nations group and the English safeguarding for adults board meeting. He has picked up that there is a self-evaluation exercise in England where boards are looking at issues during the pandemic. It's a full document and AS has had a conversation with JR to see if the SE&I and Audit group in Fife should produce something similar.</p> <p>JR advised that in terms of committee function there would likely be a role for DA to be involved to see how we can take things forward.</p>	

	<p>Each of us within our roles can help to develop this. Leads for sub groups are also working on this, but could be a small project and could be done virtually and pulling together a document and identify challenges going forward, particularly multi agency training issues.</p> <p>AS agreed that this does need to be pulled together, and we do need to look at training. Other committees have online resources we can use as well as designing our own.</p> <p><u>Covid 19 recovery plan</u></p> <p>PS advised that we might want to keep some things and use in the business moving forward. There had been some conversation surrounding how much the virtual world increases participation at meetings. Chart shows key changes, positive impacts, negative impacts, what we want to keep, what might look different, and risks.</p> <p>Action for DA to work through and see how new way of working has impacted on committee.</p> <p>AS advised that COG is now meeting 4 weekly with next meeting a week on Thursday. They are also using teleconferencing and a revised agenda. There is weekly data reporting and the PPG is meeting weekly to look at trends and analyses. Working groups need to get up and running again now that we are all used to working with Teams and connectivity issues are being addressed. In terms of communication we have the Public Protection bulletin which is issued monthly and AS asked if we need to be doing this weekly or whether the AP bulletin is enough. Financial reporting is done by exception but we need a financial update on savings made (training) which might give flexibility to bring someone in to design online training for us.</p> <p>NB noted that this similar in Health where they have been reflecting and evaluating and Teams is excellent in reducing travel. NB is fully supportive of this.</p> <p>JR agreed that it is good to reflect and we could use as a way to inform improvement plan going forward. Could use this as a template. Behind in moving our own improvement plan forward so happy to work with DA to take this forward. Big spend on surviving covid.</p> <p>PS also thinks it is important to do this and mirrors what services have been asked to do. Not diminishing challenges, but there have been huge benefits particularly in travel and gaining time back. Useful to track through and supportive of doing this.</p>	<p>DA</p> <p>DA</p> <p>JR/DA</p>
<p>6.</p>	<p>Working Group Updates</p>	

	<p><u>Case Review Working Group</u></p> <p>AS advised that JP will no longer be chairing this group and that Scott Cunningham is to chair in the interim.</p> <p>AS noted the two outstanding ICRs.</p> <p><u>ICR19</u> Has been determined that this does not meet criteria for SCR. DA & JP will be preparing part B form for Care Inspectorate. Will bring back to next committee for sign off.</p> <p><u>ICR18</u> Subject to lengthy and ongoing police investigation and ongoing criminal proceedings. Can't progress with ICR. Relies on more analysis of information to progress to SCR but will be difficult re ongoing criminal investigation.</p> <p>JR advised that there is also a new ICR coming.</p> <p>AS wrote out to services asking for updates by 20 July. Will keep updated.</p> <p><u>SE&I Group</u></p> <p>JR advised that the next meeting of the working group has been set up on 22 July and this will be used to look at the report. The group haven't met prior due to crisis phase. Will be change in SW representative as current representative has asked to step back so JR is working on getting a new SW representative on the group. There is nothing in particular to raise but focussing more on form and stats report.</p> <p>AS noted that this is very helpful. Noted that JR has been working hard to provide reporting and is pleased to hear there is a meeting arranged so things can start happening. AS thanked JR for her work in this area.</p> <p><u>Workforce Development</u></p> <p>JJ advised that there has been no meeting since last one and JJ will miss next 2 meetings. Need to address chair for this group. Nothing to raise. AS advised he will speak to Roy Lawrence and ask to Roy to act as interim Chair for this group.</p> <p><u>Financial Harm Group</u></p> <p>JJ also chairing this group.</p> <p>JJ advised he is working on figures and there is a dramatic 56% increase this year in financial crime. Tried to arrange meeting with low uptake. Will make efforts again to arrange one in August and will report back.</p>	<p>JP/DA</p> <p>AS</p> <p>JR</p> <p>AS</p> <p>JJ</p>
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<p>AS noted that in terms of appetite, there are members of this group who could help. AS encouraged JJ to come back if having trouble and AS will speak to Service Leads as this is very important and features in ICR.</p> <p>JR commented that there was discussion at the last ASPC regarding whether Financial Harm, should continue as a sub group and noted that this had been completed.</p> <p>AS agreed that ASPC did put that forward but in terms of the outstanding ICR which may become a SCR in Financial Harm we need to also consider reports of Financial Harm. In addition Police Scotland reports show a 56% increase so too early to say business as usual and need to keep taking learning forward from these two ICRs to inform the committee.</p> <p><u>Participation & Engagement</u></p> <p>SM advised there is no update. Posters went out to local supermarkets as an attempt to raise awareness about reporting mechanisms. Newsletter going out every month and substantial information in that. SM noted that we need Communications' advice in terms of a joint public protection campaign and how to take that forward.</p> <p>AS clarified that 2 sets of posters went out to 75 supermarkets in Fife re Adult and Child protection reporting. AS wrote to managers and asked them to make delivery drivers aware of this. Don't know what uptake has been on this. Good to get eyes and ears of committee involved to see if supermarkets are displaying these. Noted it would be disappointing if they haven't been used.</p> <p><u>Care Inspectorate Update</u></p> <p>J Brown thanked the committee for letting her join today. She noted the new way of working but within that there are definite advantages. She has received minutes and been copied into papers so knows what have been working on Great to hear about approach to maintaining business critical. Data is interesting and hearing about what is happening with this. More work to do but really good start made. Good to hear about mitigation of what might come next. Hidden harms will probably be reflected in stats in the next few months and will be interesting to see what this will mean in terms of increased referrals especially around domestic abuse. It is also good that there has been communication with service users and public to let them know services haven't closed down and that they can still flag concerns. From a Care Inspectorate point of view we have repurposed role in terms of suspending adult support and protection, justice and looking at a route map out of the crisis, particularly in relation to social distancing in terms of scrutiny for strategic inspections. Care Home inspections now have a duty to report to Parliament every two weeks with summary of findings. Much more focused around infection protection and control, PPE and staff. All this work is ongoing and will continue. Shona Adam has strong links</p>	<p>JJ/AS</p>
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	<p>with oversight groups and Social Care partnerships and a raft of guidance is coming out from Care Inspectorate so advised the committee to follow on Twitter or go onto CI website.</p> <p>AS advised that the next COG is on 9th July and Kathy Henwood will do a slot there on work ongoing in Children's Services. No assurances yet but work is ongoing. Also talking with JR re LSIs in care home. There is an increase across the country in LSIs but not in Fife. AS subscribes to updates and finds them useful, and they are used in our bulletin.</p> <p>JBrown noted that the key principles are what is important and if we can say we are implementing a framework this is good.</p>	
<p>7.</p>	<p>AOB</p> <p>AS asked if there is anything the group needs to highlight to COG</p> <p>AS also noted that the next meeting of this group is not until September and it may be useful to set up another before then to talk through data and how we are addressing risks and harm. This will also better inform the COG who are meeting four-weekly. Suggested a meeting at the start of August. AS and DA to liaise and find a date to put out to the group.</p> <p>JR noted that it was raised earlier in line with L&D needs in Social Work which PS has access to on CLMS. In terms of the Competency Framework the committee has put in a date but the document hasn't been reviewed so this might be taken forward and reviewed in L&D sub group.</p> <p>AS advised the group that Melanie Durowse has received a PhD and thesis was in relation to Financial Harm. JR has asked MD to come to the Financial Harm group and present at this. Congratulations to Dr Durowse..</p> <p>No other business.</p>	<p>AS/DA</p> <p>JR/JJ/RL</p>
<p>8.</p>	<p>Date of Next Meeting – TBC</p>	