



## **Perth & Kinross Adult Protection Committee Minute**

Friday 10<sup>th</sup> December 2021

10:00 am

Microsoft Teams

### **ATTENDEES**

Alison Fairlie (AF)	Service Manager, SW PKC
Alisson McPherson (AM)	Locality Manager, NHS
Amanda Welch (AW)	Care Inspectorate
Bill Atkinson (BA)	Independent Convener
Cherie Lamont (CL)	ASP Advisor, NHS
Daniel Dutton (DD)	Community Integration Officer, PKAVS
Deborah Lally (DL)	Perth College
Ewan Baird (EB)	Group Manager, Scottish Fire & Rescue Service
Grace Gilling (GG)	ASP Lead, NHS Tayside
Iain Wilkie (IW)	Adult Protection Coordinator, P&K HSCP
Julie Wyllie (JW)	Manager, RDM Home
Kenny Ogilvie (KO)	Interim Head of Service, HSCP
Michelle Dow (MD)	Service Manager, Housing, P&K
Sarah Brow (SB)	Police Scotland
Sheila McCole (SM)	Councillor – Perth City South
Susan Hunter (SH)	Independent Vice-Convener
Susan Netherington (SN)	Senior Admin for ASP, HSCP

### **APOLOGIES**

Angie McManus	AHP Lead P&K HSCP (AM attended)
Jacqueline Pepper (JP)	Chief Social Work Officer
Claire Mailer	Deputy Director of Communities
Clare Gallagher	CEO, Independent Advocacy

### **CORRESPONDENCE MEMBERS**

Gordon Paterson	Chief Officer/ Director of Integrated Health & Social Care
Alex Goodall	Carer's representative
Chris Lamont	Strategic Lead for Mental Health, NHS
Erin Wilson	Capability Scotland
Pablo Vilar	Operations Manager, Balhousie Care Group
William Young	Scottish Ambulance Service
Maureen Scott	Healthcare Improvement Scotland, NHS
Natascha Shiels	Capability Scotland
Sarah Rodger	Legal Manager, PKC
Jodeen Gunn	ASP Advisor, NHS
Jenni Keenan	Team Leader, PKAVS
John Skouse	Care Inspectorate
Winne Burke	Care Inspectorate

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 (03.09.2021)</b></p> <p>An overview of the previous Adult Protection Committee minute was provided by BA, and comments welcomed.</p>	
3	<p><b>Minute of Meeting of the Adult Protection Sub-Committee (28.10.2021)</b></p> <p>IW provided an overview of the previous Sub Committee minute, and comments or questions were welcomed.</p> <p>Financial fraud was discussed. SB is aware of the increase and would welcome it being looked into especially the romance type where the victim doesn't realise that they have been scammed as they trust what they are being told by the perpetrator.</p> <p>SM asked if there are any stats on where financial fraud is carried out, as care at home may be most vulnerable.</p> <p>SB confirmed that the Office of Public Guardianship provide concerns which have been followed up on regarding financial harm. SB also receives a report regarding financial harm which she will look into and pass information onto IW regarding the fraud type that is prevalent in the area just now.</p> <p>JW advised that with the move to online banking, there is not a lot of financial management in the care home sector which is a concern that has been raised previously regarding family members. SB advised the concerns she has seen regarding guardianship, where that the family member was not supporting the elderly relative and not the staff.</p> <p>In respect to transitions, BA highlighted the new guidance has come out in relation to child protection matters, which is going to extend responsibilities for young people until 18.</p> <p>GG raised this matter with her Nurse Director from a health perspective, the Nurse Director then emailed out to the 3 Chief Officers and Chief Executives. An initial meeting has occurred and currently they are planning a summit in January to have that strategic discussion on where we are, how we are mapping out, are we making a difference and if not what do we need to do differently.</p>	SB
4	<p><b>ASP Inspection update</b></p> <p>IW provided an update on the progression of the position statement and the improvement agenda.</p>	

	<p>It is understood that Perth and Kinross will not be included in the next trench of inspections, however this could change.</p>	
<p><b>5</b></p>	<p><b>ASP Matters</b></p> <p><u>VPR case file audit and Multi-agency case file audit</u></p> <p>IW presented both audits to the group, highlighting the main area identified and the improvement work we are doing.</p> <p>IW provided assurance that from the findings, there has been improvements made this time around in comparison to previous audits. IW advised that we are committed to audit work, in terms of understanding impact, outcomes and improvements which will be seen within the improvement plan, and when possible will be brought to the APC.</p> <p>SH welcomed the emphasis to planning for adult support as she feels it gets lost sometimes. The system tends to emphasis the measurable and physical, so it is good to hear that the support element is getting attention.</p> <p>JW suggested it may be a good opportunity to consider engagement with care providers again. There was a lot of work done but it was several years ago and JW feels that it would be helpful for people to feel engaged with and have the opportunity for discussion.</p> <p>BA is aware that a lot of work has been carried out over the pandemic in terms of partnership working between the care home sector and their local authority but will take that on board, in order to link in more strongly.</p>	
<p><b>6</b></p>	<p><b>Self-Neglect and Hoarding</b></p> <p>IW provided an overview on the Tayside good practice guidance/ toolkit. From audit work such as P19, it is an area that practitioners find complex and uncertain around capacity.</p> <p>GG advised that Paul Comley provided a presentation, and the aim was to share it wider, however due to lockdown it was not able to be done, it was recognised then and even more so since P19, that we want to have a focus on in each locality around Self Neglect. GG and SB has been recording a video for a learning resource which will also be developed into a training resource next year.</p> <p>GG made the group aware of the recent Significant Case Review available on the angus council website and is referred to as P19. It follows the death of a 50 year old gentleman who died in 2018 with a complex health and social care presentation. The gentleman had MS, extensive alcohol use over a 30 year period, possibly the development of alcohol related brain</p>	

	<p>injury and an undiagnosed bowel cancer. Over a short period of time, he was discharged from housing support in April 2018, and by the time police visited the gentleman's home 4 months later, the conditions were unliveable. Due to the inability for the gentleman to look after his own self care needs, self-neglect was one of the many issues and themes highlighted. GG offered to provide an in-depth summary of the case at the next APC.</p> <p>MD has also read the SCR and agreed to discuss the approach housing have taken at the next APC.</p> <p>BA feels that it would be beneficial to have that discussion to bring to life the challenges and dilemmas the staff are facing.</p> <p>It was agreed to adopt the approach and use of the toolkit and will continue the discussion at the next meeting.</p>	<p><b>GG</b></p> <p><b>MD</b></p> <p><b>IW BA</b></p>
<p><b>7</b></p>	<p><b>Financial Harm</b></p> <p>IW noted that this matter had already been discussed during the review of the previous minutes for the APC sub group therefore summarised the concerns regarding financial harm.</p> <p>IW notes the request to re-establish a financial harm group as a means to better understand where the risk is, who is likely to be at risk and what is being done to mitigate the risk within a range of organisations. It stems from the policy and as it progresses the policy will be updated.</p>	
<p><b>8</b></p>	<p><b>LSI Publication</b></p> <p>IW introduced the discussion paper by Paul Comley titled 'Large Scale Investigations – A National framework?' which is in relation to a survey and audit completed by Iris, a social work research organisation.</p> <p>IW notes that this is an indication that the government are interested in understanding how LSIs are conducted and the trends and themes that can be taken from them and that impact.</p> <p>IW asked for the group to be aware of the paper and the information within it. There is a clear process in Perth and Kinross, however it would be good to be part of a national group as within the data it is clear that we have sat out of kilter previously.</p> <p>GG advised with the introduction of JD into the care home oversight role, GG has been impressed with the way that the LSIs have been undertaken and how well the role has been embraced. GG advised that some of the learning from the way Perth and Kinross do LSIs has been taken on board and used to shape the Dundee LSIs as it works very well.</p>	

	<p>GG and Amanda was at the Dundee Adult Protection Committee on Monday when an issue about notification to the care inspectorate regarding any LSI was discussed and if this was relevant to a LSI in a hospital setting. GG can confirm that Amanda confirmed this morning that it is only regulated services that need to notify the Care Inspectorate. If it is in a hospital setting they do not need to be informed.</p> <p>IW has received feedback from a regional manager to a number of care homes in Perth and he said that he felt the threshold for an LSI was lower than other areas but that the level of support provided was much greater.</p> <p>AW agrees that services have benefited for a wealth of support through the LSI process. In terms of Care Inspectorate involvement which is generally is a good experience, AW highlights that within the report it does mention the need for clearly defined roles within the process, particularly for agencies like the Care Inspectorate. It has been AWs experience that some inspectors have been coerced into carrying out the investigation alongside the social workers. Therefore the definition between roles can be blurred and a clear definition of roles and remits within the LSI process would be welcomed.</p> <p>SB advised that the process does work well however in relation to thresholds, has had experience recently where she felt that an LSI should have been considered within Perth and Kinross which is being reviewed.</p> <p>JW said that she is supportive of the care home oversight role within the NHS and the support it provides during and after the LSI. JW highlighted that it would be good if the support could be provided beforehand in order to reduce the number of LSIs as people would have better knowledge and understanding.</p> <p>IW agrees that true understanding of the impact of being able to deliver that same level of support without the need to conduct an LSI isn't reported on and is a good point raised.</p> <p>KO confirmed that there is a social worker linked with every care home and are in regular contact with the management and staff, which supplements the care home oversight group. This involvement itself would have had an impact on the number of LSIs.</p> <p>KO referred back to the care inspectorate role within a LSI which he feels is not black and white, and whilst it would benefit us all to have roles and responsibilities there will always be shades of grey as a number of issues addressed can merge into wider registration issues. This is when the importance of professional relationships is there, ensuring that all the relevant actions are being taken to reduce the risk to people in care homes or the wider health and social care settings.</p>	
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<p><b>9</b></p>	<p><b>Public Protection Coordinating Group</b></p> <p>BA provided an overview of the group and the issues it discusses.</p> <p>BA confirmed this group is chaired by Jackie Pepper and has grown from an operation basis around managing risk and data during the pandemic to discussing some cross cutting issues such as transitions, along with potentially a joint media approach where we coordinate our media and communication with the public.</p>	
<p><b>10</b></p>	<p><b>National Care service review – Our response</b></p> <p>BA provided an overview of the position statement which was provided to the committee prior to the meeting. This response is being issued on behalf of the committee therefore thanked those that responded and were involved in the production and welcomed any comments or suggestions.</p>	
<p><b>11</b></p>	<p><b>NHS update</b></p> <p>GG provided assurance that they are back to delivering face to face training and supporting staff to undertake the various LearnPro role training that we have in place.</p> <p>With the development of GG’s team, we now have a governance structure for NHST completed. There is a public protection executive group that’s shared with the Nurse Director, an adult protection operational group which GG chairs, then a number of subgroups underneath those. One of which is a learning and development group with representatives from the specialty services in localities within all these groups. That group focuses on our training and development needs within the organization and how we link into some of our multi agency training.</p> <p>GG’s team is now fully in place and recruitment finalised. All 3 generic Adult Protection Advisors that will be aligned to one locality and three specialist advisors. CL was in attendance and introduced herself.</p> <p>GG discussed a single agency audit that has been completed where 9 cases were looked at across localities and age group. This audit provided an opportunity to look through a health lens in more detailed at our health records from an adult protection perspective and the focus on this was around mental health and learning disability. GG detailed the preliminary learning as the full report is not quite finished. A huge amount of work has gone into it and GG will bring this to the next committee.</p> <p>BA advised that feedback has been received on how valuable Jackie and the team have been in terms of work on the ground. BA recognises that some of the learning within the report provided are very similar to the multi-agency audit provided by IW.</p>	

12	<p><b>Police Scotland update</b></p> <p>SB advised that Police Scotland are working on developing tier one and tier 2 training for Adult Support and Protection. Tier one is going to be for all operational police officers and support staff and Tier 2 is going to be for the more specialist role. Tier one is due to be published quite soon.</p> <p>SB highlighted that there has been discussions around the three point test and whether or not the police should apply the test. If agreed, it would result in police noting if the person is an adult at risk. The concern is that the police officer would be making that decision on the information available to them at that time. A decision has not been made as yet.</p> <p>IW is aware that support is provided to people that do not meet the 3 point test when a Vulnerable person report is received from the police. SB confirmed that the report would still be issued to ensure that the support is provided. SB advised that the hope is that it would allow the IRD process to speed up should it have in black and white that the police considered the person to be at risk but there is still a lot of ongoing multiagency discussions around this.</p>	
	<p><b>Tabled for information only</b></p> <ul style="list-style-type: none"> <li>• Embedding Chronologies</li> <li>• Changes to VPRs and AP concerns</li> <li>• Thematic analysis of inspections</li> </ul>	
AOB	<p>BA advised that next year the committee meetings will be extended to 5 a year instead of 4. SN will arrange for dates to be issued.</p>	
Date of next meeting:	Meetings in 2022 to be arranged.	