



**Perth & Kinross Adult Protection Committee
Minute**

Friday 17th November 2023 10 am via Microsoft Teams

ATTENDEES

Alison Fairlie (AF)	Service Manager, Social Work, PKC
Andy Park (AP)	Independent Advocacy
Bill Atkinson (BA)	Independent Convener
Dave Henderson (DH)	Independent Sector Lead, P&K
Grace Gilling (GG)	Chief Nurse, Public Protection, NHS Tayside
Graeme Templar (GT)	DI, Risk and Concern hub, Police Scotland
Iain Wilkie (IW)	Adult Protection Coordinator, P&K HSCP
Julie Wyllie (JW)	Manager, RDM Care Home
Susan Hunter (SH)	Independent Vice-Convener
Susan McVean (SM)	Social Worker, PKC
Susan Netherington	ASP Admin, PKC

APOLOGIES

Christopher Lamont (CL)	Strategic Lead for Mental Health, NHS
Erin Wilson	Capability Scotland
Amanda Welch	Care Inspectorate
Julie Hutton (JH)	CEO, Independent Advocacy (AP in attendance)
Karyn Sharp	Service Manager, Social Work, PKC
Michelle Dow (MD)	Service Manager, Housing, PKC
Christopher Jolly (CJ)	Service Manager, Business Planning and Performance
Susan Torrance (ST)	ASP Adviser, NHS
Sheila McCole (SM)	Councillor, Perth City South

Correspondence Members

Angie McManus	AHP Lead P&K HSCP
Alyson Paterson	Mental Welfare Commission
Brian Hutton	Improvement Officer, ECS
Deborah Lally	Perth College
Daniel Smith	GP, NHS
Ewan Baird	Scottish Fire & Rescue Service
Gordon McNelis	Mental Welfare Commission
Jacqueline Pepper (JP)	Chief Social Work Officer
Jennifer McOmish	VAW Coordinator, Perth & Kinross Council
Kenny Ogilvie (KO)	Interim Head of Service, HSCP
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
Valerie Davis	Lead Nurse

1	<p>Welcome and Apologies</p> <p>BA welcomed all to the meeting and apologies were noted as above.</p>	
2	<p>Minute of Adult Protection Committee (08.09.2023)</p> <p>BA discussed the minute from the last APC. This was approved.</p> <p>BA asked if there will be an update on the Dundee ASP inspection. GG confirmed that they will receive the draft report on 27th November, and final publication date is 19th December 2023.</p>	
3	<p>Minute of the Adult Protection Sub-Committee meeting (24.08.2023)</p> <p>IW confirmed that the agenda for the Sub-Group normally mirrors the agenda for the APC. The sub group has wide multi-agency participation, and this leads to good discussion about how different services approach safeguarding adults at risk of harm.</p>	
4	<p>Investigating Financial Harm – A presentation by SM (a council officer)</p> <p>SM shared a presentation about her involvement as council officer in investigating concerns of financial harm to Mr B. A Direct Debit was set up on Mr B's bank account for a mobile phone in which he never had. The investigation found that this fraudulent account had been active for 3 years and 7 months. The investigation also found previous financial concerns regarding this perpetrator from 2022 where significant amounts of money were removed from Mr B's account.</p> <p>SM highlighted how difficult it was to put safeguarding measures in place for Mr B such as getting his bank account frozen. The bank staff stated that they did not have sufficient authority to freeze his account despite a formal intervention order (the AWI Act) being approved in Court giving such authority. SM stated that she and PKC legal team were challenging this, but the bank continued to allow the account to be used.</p> <p>SM continued to ask the bank to freeze the account. However they stated Mr B needed to be present, and the local authority needed to have Financial Guardianship in order to close the account. Police intervened and it was only then that the bank agreed to freeze the account around 2 weeks following SMs continued requests.</p> <p>Other difficulties were noted from Mr B's utilities company, where they would not accept the intervention order as a legal means to intervene which led to one of Mr B's debts being transferred to a debt collections agency.</p> <p>SM sought advice from the Office of Public Guardian and the Mental Welfare Commission regarding the difficulties she experienced. The Office of Public</p>	

Guardian met with Social Work and contacted the utility company to advise of their duty to cooperate.

SM advised that she looked at the characteristics of the adult, the relationship with the alleged perpetrator, nature of influence, cost versus benefit of the transaction, any additional risks and finally support available. This practice encouraged professional curiosity, supports critical analyses, makes you consider the person that has been harmed and makes the Adult Support and Protection principals real and places them at the forefront of practice.

BA noted a recent national discussion around bank closures and how much harder it is to build local relationships. Banks in the past would have been more flexible to those local arrangements but are now bound by protocols that are national and in some cases internationally dictated.

JW asked what SM felt need to change and if the change can be influenced.

SM thinks that these challenges are not exclusive to Mr B but to others who try to work with banks. BA asked if the multi-agency approach could have been stronger. SM feels that health, social work, housing and police were working well. However on reflection feels that more could have done in 2020 when the initial financial concern was raised. BA highlighted that this would have been during COVID also which added its own challenges.

SH asked SM if she had the space and time for this case. SM noted she was able to prioritise her workload to ensure it was carried out and noted the time required could not have been predicted. BA highlighted a report from Scottish Social Services Council regarding the pressures that social work services are under due to the number of vacancies across Scotland. BA notes there is a wider workforce issue that the APC needs to be aware of.

IW commended SM for her tenacity with this case. The issue with using Section 10 is not unique to Perth and Kinross but is a national issue that he frequently discusses in national meetings and with the SG. At a recent meeting, IW raised the apparent ineffectiveness of section 10 of the ASP Act with the Scottish Government and questioned at what point do we hold banks accountable for not complying with legislation.

IW highlighted that Dr Melanie Durowse completed a thesis on financial harm and the use of the ASP Act. Dr Durowse delivered the findings of her thesis to a conference in P&K in March 2023 and has remained involved with Perth and Kinross since. Last month another seminar was delivered that was very well attended with people from all different areas of work, from Community Wardens to Housing etc. Dr Durowse is developing an ASP decision specific framework with colleagues from P&K including IW that helps practitioners identify financial harm and informs intervention. She is leading on further academic research and P&K is supporting this.

	<p>The financial harm sub group was in place which has been brought into the Adult Protection Sub Group so that there is a wider audience of who understands financial harm.</p>	
5	<p>APC Annual Report 2022/23</p> <p>BA advised that the APC annual report remains in draft form subject to amendments from the APC. If approved, this will be shared with various governance groups including COG, full Council and the IJB.</p> <p>IW provided an overview of the APC annual report. There is a continued increase in ASP concerns submitted. IW believes this is due to the increased awareness in ASP and the public campaigns that the communications team support with. However, IW also believes that the NHS AP team are supporting and encouraging health colleagues to submit concerns where concerns exist. IW is in the middle of an audit to look at decision making when an ASP concern is submitted and to monitor where these are screened within 24 hours of receipt. Screening in 24 hours is crucial and data supports that we continue to screen 96% of these in time. A further audit of those screened out with this timeline shows that no adult has been left at any additional harm because of this.</p> <p>IW said there are lots of strengths to how we safeguard adults at risk in P&K, but there are also areas for improvement. The APC improvement plan highlights these improvement areas that if consistently applied, could/should elevate our inspection findings from effective to very effective.</p> <p>GG praised the report which she found very informative. She will be sharing this report within the NHS Public Protection Operational Group and the Public Protection Executive Group. GG advised that she is currently finalising the annual Public Protection report for NHS Tayside which she will make connections to the P&K APC annual report also.</p> <p>IW has been working with the Government regarding the national data set. The information they are requesting from next year is extensive and extends to needing to report on indicators such as when a child was present at the incident that led to an inquiry being conducted or whether the adult at risk of harm has caring responsibilities for other adults. This data is a challenge to obtain, however IW is working with the MOSAIC team to be able to record and subsequently report on these indicators..</p> <p>BA asked the APC to highlight to IW any changes to the annual report or other information that they would like to be included, to inform IW as soon as possible. Once approved, the report can be shared with different governance groups.</p>	
6	<p>APC Improvement Plan</p> <p>IW provided an overview of the APC improvement plan. IW said that he feels they are making improvements in all areas. IW highlighted that the inspection</p>	

found that we are effective in our key ASP processes, and the improvement plan sets out how we can elevate ourselves from effective to very effective. This is more about consistent recording albeit more emphasis needs to be on our use of chronologies, how we support adults to better engage in the ASP process including advocacy.

AP advised that the number of referrals to advocacy in relation to Adult Support and protection has increased and AP feels that it is likely to continue to increase. Additional funding to IAPK was made to support LSIs. This has allowed them to speak with carers, Power of Attorneys and Welfare Guardians etc.

IW notes that Care Opinion feedback platform is also a way that we will reach out to people to seek feedback and further ASP admin has been secured in order to do that. Once the new admin support has completed her induction and able to take on more APC minuting responsibilities, we will be able to reach out to each and every adult (where relevant) who has been subject to ASP to seek feedback.

DH referred to 5.1 on the APC improvement plan regarding ASP awareness training and said that there is an opportunity for us to take this to the care home sector, to see what they actually need and develop specific training needs from there.

IW advised that a national care home group has reached out to him to develop training. He advised that they need specific training for front line carers, other specific training for their middle managers then another for the care home groups strategic leaders. They liked that idea, but they have not come back to IW to take this forward. IW feels there is an appetite for training from some care homes so would appreciate the help from DH. DH said during his previous job role, he would speak with residents and there was a very small pool of people that were able to have a meaningful conversation.

JW advised that she is looking for speakers to come along to care home meetings as she has found that this has been very effective in the past and will be reaching out to some of the APC group in the next year.

BA asked for an update on MOSAIC (the new social work IT system). AF advised that it is progressing as planned. Testing is being completed on the system created and training is being carried out. Staff are finding the amount of training difficult to get through as there is quite a lot, but it is progressing as it should.

IW has been working on the ASP & chronologies module with the MOSAIC team. IW feels the National Data set has come at a good time for us to implement those changes required. The LSI framework has also been reviewed and some amendments made to how these are recorded. Once MOSAIC completed, IW will be required to rewrite all the ASP operational instructions at a later date.

DH asked if the increase in overseas workers in the sponsorship and that modern slavery is becoming an issue nationally, and if this need to be included in the improvement plan. IW confirmed it is not included as he has no evidence that it is an area that we need to improve on, but he is aware it is a cross cutting theme

	<p>within public protection arrangements here in P&K.</p>	
<p>7</p>	<p>NHS update</p> <p><u>MWC Investigation into the death of AB</u></p> <p>GG provided an overview of the AB report. There was 7 recommendations. A short life working group has been established with representation across acute learning disability, practice development and adult protection. GG advised that a report will be produced from this.</p> <p>Missed opportunities and learning has been found around the understanding of power of attorney and welfare guardianships and where copies of these are held on NHS data bases for easy access.</p> <p>ASP LearnPro Module is available and 90% of staff have completed this however the short life working group has highlighted the need for more in depth training to enhance the knowledge of the clinical staff. Coercive control is an example of this. GG wanted to highlight coercive control and undue pressure as an area for learning, particularly for inpatient colleagues. GG stated that at times, coercive control is seen but some practitioners are not sure what they can do to intervene. This will form part of the short life working group.</p> <p>GG advised that recommendation 5 - <i>audit the effectiveness of processes to monitor long term conditions management for people with learning disabilities</i> is something that the NHS are not doing. It was work that was put on hold during COVID and has not been revisited. GG has reached out to colleagues in public health and other speciality services to look at how we are able to do that, recognising that there is some work going on around piloting annual checks of individuals with learning disabilities. There is another meeting of the short life working group in 2 weeks. It has been positive, and she looks forward to the outcome of the next meeting.</p> <p>IW highlighted that there is a case within P&K that shares similar concerns to the finding from AB. This has been ethically challenging to balance safeguarding with his right to choice and autonomy. The MWC has been invited to be a part of this investigation.</p> <p>JW asked about the general care home understanding of POA. She said that whilst she had a good understanding, this is more challenging in a larger care home with many different staff groups. E-Learning is fine but practical learning is required also. JW notes that they always asked for a full copy of the document at admissions. JW advised that in her view, sometimes the family have a misunderstanding about POA also, for example, they may not understand that whilst people have capacity they can still make decisions on behalf of the adult, depending on the powers stated within the agreement.</p>	

	<p><u>Publication of the Margaret Fleming SCR</u></p> <p>GG said that she feels time is required to read the full document. GG highlighted health themes such as disguised compliance, plans not being followed up, particularly in relation to monitoring MFs weight. MF was overweight and often we look at underweight being a sign of neglect but do not look at overweight as being an issue. No one following up or questioning when MF did not attend the referral. These are themes that are still seen today.</p> <p>GG asked if a working group should get together to explore key themes. GT feels that we need to have a level of assurance that this would not happen today. GT feels a Tayside leads approach would be appropriate as he feels there are some reoccurring issues that would still exist today. GT feels there is a difference in attitude but would suggest we test out our theories so that we are satisfied that we have a robust enough structure in place to cope with a scenario should it exist currently.</p> <p>GG highlights that there are some recommendations within the report that are relevant for all health boards, in particular, that all children, young people and adults have an appropriate LD diagnosis as early as possible. GG states that another recommendation is that all chief officer groups are aware of the number of people with learning disabilities and autism in their area to ensure that all individuals are known and not at risk of being lost.</p> <p>IW agrees that time needs to be spent on what this means here in P&K.</p> <p>GG advised that the NHST PP annual report will be shared at the NHST public protection executive group in December. Once approved, it will be shared at the next APC.</p>	
<p>8</p>	<p>Police Scotland update</p> <p>GT advised ASP training continues. Susan Torrance has contributed to this. This has been progressed by the National and Specialist Crime Directorate. They will be gathering feedback from that and would be looking at revising the training prior to the next roll out. This will be provided to both those working regularly within Adult Protection but also frontline officers who may find themselves in community roles focusing on things like self-neglect and hoarding.</p> <p>GT stated that the backlog of VPRs is higher than they would have liked. It is sitting around 100 more which is better than it has been but still requires improvement. An audit is being looked into the spike in summer time to see if there is any themes that can be addressed to prevent this from reoccurring in the future.</p> <p>The P&K multi-agency IRD review continues. Regular attendance from senior social work is supporting this, which is helpful to give the audit that frontline level of understanding. IW stated that the inspection staff survey also noted that staff do not always feel engaged in improvement work. Therefore, having staff lead</p>	

	<p>on this audit work begins to address this. A Tayside IRD template is looking to be developed. Information from each area is being obtained on what they want included.</p> <p>GT advised that he is leaving the role. He has been temporarily promoted to a new area of business which will happen in the next couple of weeks. Lee Stewart will take over his position.</p>	
<p>FYI</p>	<p>I. LSI outcome report</p> <p>DH advised that the draft IRISS LSI framework was published in 2023. IW stated that the framework was not too dissimilar to how LSIs were implemented in P&K. One new stage was the opportunity for a post LSI debrief report to be carried out.</p> <p>DH has created a debrief report template in which he has used to gather the care home's views of the LSI and what learning could be taken from this. The report is based around 7 principles.</p> <p>DH met with all 4 managers from the LSI held in 2023. They were welcoming of the opportunity to take part in the review. DH believes that this has been constructive to help working alongside care homes to safeguard adults. Out of the 4 LSIs reviewed, he found one to be positive, two has both positive and challenging aspects to it and he has concerns about how one LSI was handled. A summary report has been shared. IW and DH will meet today to discuss how it is taken forward. It has been a good piece of work that has allowed the managers to have a voice where he believes one doesn't currently exist. .</p> <p>GG advised that there can be a LSI within a hospital setting and asked if as a further pilot if this could be tested from an NHS setting which she would be keen to support.</p> <p>II. Council Officer Workforce Plan III. SCR – Remember my Name Summary by IW.</p>	
<p>AOB</p>		