



## Perth & Kinross Adult Protection Committee Minute

Friday 19<sup>th</sup> April 2024 10 am held virtually via Microsoft Teams

### ATTENDEES

Andy Park (AP)	Operations Manager, Independent Advocacy
Angie McManus	AHP Lead Perth & Kinross HSCP
Arun Singh (AS)	Chief Social Work Officer
Bill Atkinson (BA)	Independent Convener
Christopher Lamont (CL)	Strategic Lead for Mental Health, NHS
Dave Henderson (DH)	Scottish Care, Independent Sector Lead, Perth & Kinross
Grace Gilling (GG)	Associate Nurse Director (Public Protection), NHS Tayside
Holly Mills	ASP Admin, Perth & Kinross HSCP
Iain Wilkie (IW)	Adult Protection Coordinator, Perth & Kinross HSCP
Julie Wyllie (JW)	Manager, Robert Douglas Memorial Care Home
Julie Baker (JB)	Child Protection Coordinator, Perth & Kinross Council
Kenny Ogilvie (KO)	Interim Head of Service, Adult Social Work, Social Care Operations for HSCP
Lee Stewart (LS)	DI, Risk and Concern hub, Police Scotland
Sheila McCole (SM)	Councillor, Perth City South
Susan Hunter (SH)	Independent Vice-Convener
Susan Torrance (ST)	ASP Adviser, NHS
Winnie Burke	Care Inspectorate

### APOLOGIES

Alison Fairlie (AF)	Service Manager, Social Work, Perth & Kinross HSCP
Erin Wilson	Capability Scotland
Amanda Welch	Care Inspectorate
Julie Hutton (JH)	CEO, Independent Advocacy (AP in attendance)
Karyn Sharp	Service Manager, Social Work, Perth & Kinross HSCP
Christopher Jolly (CJ)	Service Manager, Business Planning and Performance
Michelle Dow (MD)	Service Manager, Housing, Perth & Kinross Council

### Correspondence Members

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
Jennifer McOmish	VAW Coordinator, Perth & Kinross Council
Louis Ford	Team leader, SAS
Paul Boath	DCI, Public Protection, Police Scotland
Raymond Birnie	Police Scotland
Sarah Rodger Council	Legal Manager, Legal & Governance Services, Perth & Kinross
William Young	Scottish Ambulance Service
Valerie Davis	Lead Nurse

1	<p><b>Welcome and Apologies</b></p> <p>BA welcomed all including our new Chief Social Work Officer Arun Singh (AR), Julie Baker (JB) and Holly Mills who all attended for the first time. Apologies were also noted as above.</p>	
2	<p><b>Minute of Adult Protection Committee (09.02.2024)</b></p> <p>The minute from the last ASP Committee was shared on the screen.</p> <p>SM asked about the differences to the APC and Public Protection Committees across Tayside, what the rationale was for these structured differently and if there is a similar appetite for Perth and Kinross to do the same.</p> <p>GG spoke about the changes to the different structures in Angus and in Dundee. Dundee has an Adult Protection Committee which combines Adult Support and Protection, the adult violence against women agenda and suicide prevention in adults. Similarly they have a Child Protection Committee structure that includes child protection, violence against girls and suicide prevention in children and young people. The ADP remains a standalone committee at this time. Angus have moved towards a public protection committee, fully bringing together the Adult Protection Committee, Child Protection Committee and Violence against Women Partnership into one overarching committee supported by 5 delivery outcomes underneath.</p> <p>BA is aware that many areas across Scotland have used different combinations to their public protection arrangements and whilst Perth and Kinross are keen to strengthen those links between public protection strategies, there is no plans that he is aware of to change this arrangement at this time.</p> <p>SM noted her concern about a generic public protection arrangement and that the focus on any particular aspect of any committee work may get lost and not necessarily be picked up if the committee work becomes too broad and generalised.</p> <p>GG notes that Angus is quite a small locality. Therefore, it was the same people sitting on all 3 committees. Dundee's rationale was based on workforce capacity of the public protection team who were struggling to function with the number of committees and sub groups.</p> <p><u>IRISS LSI guidance – debrief report</u></p> <p>DH and his colleague in Dundee created a post LSI debrief report based on the seven principles within the IRISS LSI framework. IW was also heavily involved in this work. The debrief report is a new addition to the draft IRISS LSI pathway. The purpose of the report is to offer the recipient of the LSI an opportunity to express how they found the LSI process, and to use this exercise to review how LSIs are delivered here in Perth &amp; Kinross. After an LSI is concluded, DH would</p>	

	<p>arrange to meet the provider to complete the report. The completed report is shared with the core LSI team and then redacted to be shared with the care home oversight group. 4 were completed last year and a further 3 this year. IW has arranged to meet with the LSI core teams to discuss the content of the report.</p> <p>DH and IW are involved in the national LSI working group. Within this working group, DH shared an example of an LSI in Perth and Kinross where he and the provider considered it to be really supportive. DH describes it as a good example of partnership working in what can be a very difficult and challenging circumstance.</p> <p>DH said that it has been identified through delivering the step programme within Tayside that managers would like face to face training for ASP. A Perth &amp; Kinross short life working group has been arranged which will meet on 6<sup>th</sup> May 2024 to begin to scope this work out. There will be representation from social work, police, learning and development (L+D) and more importantly, leads from a number of care homes and a L+D lead from one of the national care home groups. This training will be focused on ASP training within care homes with the intention that this will be established by the care home sector for the care home sector.</p> <p>DH is involved in another Perth &amp; Kinross short life working group with members from the enhanced care home group to review how and when care incidents are being submitted, and how these can be improved. Incidents over the last 6 months are going to be reviewed along with the online incident form that providers complete. The process behind this form will also be reviewed which will include how we analyse the data to understand themes etc. DH confirmed that it is a partnership approach between the sector and the Health and Social Care Partnership (HSCP).</p> <p>BA asked if MD and IW has met in order to strengthen the links between ASP and Housing. MD confirmed this has not been completed but they will arrange a meeting at Pullar House.</p> <p>IW confirmed that he is delivering (hoarding) training to housing colleagues in May 2024 around ASP and adopting a trauma informed approach to how we should be looking at inability to safeguard and our response to non-engagement.</p> <p>No further comments. Therefore the minute was approved.</p>	<b>IW/MD</b>
<b>3</b>	<p><b>Adult Protection Sub-Committee – update</b></p> <p>IW has taken the opportunity to review and refresh the APC sub group. He has reached out to every member asking how the sub group can be improved. The feedback is supportive of work of the subgroup, but some suggestions point to more targeted ASP work. He has the feedback and will use this going forward when arranging future sub groups. .</p>	

**MSc Applied Professional Studies (Adult Services, Support and Protection) Learning and Reflection – Susan Torrance**

ST shared her presentation on the screen which she delivered to the group.

ST completed this course over the period of 5 years, and today focussed on her dissertation called 'A normal part of the job'. This title came from staff as they felt that dealing with real complex vulnerability was a normal part of their day to day work. .

Semi-structured interviews were conducted with registered nurses working in a local substance use service to understand some of the thematic layers around adult safeguarding in their practice setting. An understanding of whether they would consider ASP, or if they perceive obstacles/enablers to safeguarding adults in their practice. Analysis of the data identified 4 main themes:

- Vulnerability is expected.
- Choice is respected.
- Substance use is a barrier
- Conflicting priorities

ST's recommendations:

Individual Practice level:

- Legal literacy is crucial amongst health professionals.
- Tailored training is needed – Substance use and ASPSA

Professional Team:

- Consider barriers to application of training.

Organisations:

- Tailored multi-agency audit activity.

Consider Multi-agency governance arrangements

- Rationale for ADPs and APCs remaining separate.

ST would like to take these studies further in Health 'duty to cooperate' and developing the role across Scotland.

Since moving into his new role LS has also thought about how we conduct audit. He asked the question about those who experience repeated non-fatal overdoses. What is the pathway to IRD, ASP assessment. Is it duty to enquire and how is that recorded and feedback etc. LS confirmed that an audit around this work would definitely be supported by the police.

KO advised that he is happy to audit a sample of cases of those who experienced non-fatal overdoses. KO asked if there has been any examples where ASP has been used to achieve better outcomes or examples where opportunities were missed. KO questioned if the ASP legislation is robust enough to support people with issues of acute substance misuse. For example, a Banning Order can be

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used to prevent contact with someone, but the effectiveness of this becomes limited when the adult considered to be at risk of harm is adamant that they want to sustain a relationship with the alleged perpetrator of harm. .

ST confirmed that she has lots of examples of challenges within the detail of her report. Sometimes it was just enabling that multi-agency information sharing that was crucial. ST agrees that the powers within the ASP legislation are limited such as Banning Orders etc but this is the same for other areas and not just those who experience substance misuse.

AS refers to the Financial Harm paper provided as part today's APC. He spoke about the complex ethical dilemmas in establishing consistent thresholds. AS feels it is important to look at these issues in the broader term and asks IW to pull some of those dilemmas together for a discussion on what approach should be.

BA agrees and considers that safeguarding needs to be seen through a wider public protection approach, and if safeguarding is going to be trauma informed, the challenge exists in how this is applied consistently when this relates to financial harm with someone who uses drugs and alcohol and might be subject to domestic abuse. BA acknowledges that the challenge also exists in needing to create a culture that sees the connections between the different public protection partners and not separate entities.

SM asked if there is something the committee need to consider collectively about making sure there is consistency to our public protection approach. SM also noted that there is now a Drugs and Alcohol champion on the NHS Tayside Board. He is a non-executive director but it may be worthwhile engaging with him. SM asked if ST is able to share a copy of her dissertation. ST advised she is still to complete the summary however once able she will share with SM.

IW notes that whilst the work carried out by ST is through a drug and alcohol lens there are themes that we have challenged ourselves on within Perth and Kinross. This is consistent with the refreshed codes of practice. Such as the impact of trauma and how that can lead to an inability to safeguard. There is work being carried out around non-engagement and understanding whether someone is unwilling or unable to accept support. We are also challenging our own ethical position to how we use the ASP Act here in Perth & Kinross. ST mentioned the importance of legal literacy within her presentation and as KO mentioned we also have legal responsibility and accountability for how we use the act which can bring legal tensions and complexities. We share the same outcome, and that is to safeguard the adult whether we use the ASP Act to achieve this or not. IW shared his view that less attention is given to the principles that underpin the ASP Act in comparison to the attention given to the principles in the MH Act and the AWI Act. This brings challenging, ethical tensions about respecting choice and autonomy whilst running the risk of neglecting our duty of care. IW is speaking with colleagues in the care inspectorate and other ASP leads about how they take forward this human rights approach. IW is also leading on work around challenging our approach to non-engagement, and whether the

	<p>adult is truly unwilling to engage or reasons exist that renders them unable to engage.</p> <p>BA and SH attended a COSLA meeting in Edinburgh of Adult and Child protection committees and lead officers within the Scottish Government on Wednesday 17<sup>th</sup> April 2024. The Scottish Government was promoting a public protection approach themselves in order to break down some of the barriers that may exist in the different bodies.</p> <p>BA thanked ST for her presentation and said he looks forward to reading the full report when completed.</p>	
5	<p><b>APC Improvement Plan</b></p> <p>The APC improvement plan was shared on the screen and discussed by IW. The format of this plan is framed around and aligned to the national work, albeit the current ASP national improvement plan lapsed in 2022. He contacted Scot Gov about this and that an updated plan has been stalled due to covid. An updated plan is due soon.</p> <p>IW asked that the APC approve that the improvement plan shared today is extended to a 2 year plan rather than annual plans. This would align this plan with other Perth &amp; Kinross public protection plans. The APC approved this.</p> <p>A question was raised from AS to IW regarding improvements and when further actions stem from those initial improvements. AS feels that new actions should be noted separately and not included within the initial improvement as it gives the impression that the improvement is outstanding for a significant time. IW welcomed any support in order to make the service delivery plan clearer and easier to read.</p> <p>BA said that for the longer standing actions that it would be helpful for a fresh pair of eyes to provide guidance on how they develop this improvement plan.</p> <p>Several areas were discussed and updates provided such as:</p> <p><b><i>1.2: Improve the meaningful participation and engagement of people at risk and their families in key processes and develop a stronger focus on experiences and outcomes.</i></b></p> <p>In March 2023, additional funding was given to Independent Advocacy in Perth and Kinross (IAPK) to support adults implicated in an increasing use of LSIs. This one year funding is due to lapse. AP was eager to explore if it could be extended for another year. There has been a 200% increase in the number of Advocacy referrals in 2023/24 stemming from ASP work in Perth and Kinross compared to previous years. This is encouraging given this remains one of our improvement areas.</p> <p>Whilst the number of LSIs have reduced, the amount of time and effort being</p>	

	<p>provided to that process has been increased, they are now involved longer and attend MDTs, and more recently have been requested to support residents to complete care inspectorate questionnaires.</p> <p>Work has been carried out with IRISS and during a meeting with them and Suzanne Swinton (SS), who is CEO of Scottish Independent Advocacy Alliance, which is the umbrella group for IAPK, SS said that Independent Advocacy within Perth and Kinross were in a unique position in Scotland in their very focused advocacy work in relation to supporting adult subject to ASP . SS expressed frustration that there is often emphasis on how important advocacy is, yet the resources are not being put forward to support it. SS noted that not only is ASP referrals increasing across Scotland they are increasing in complexity. They consider the advocacy model in Perth &amp; Kinross as excellent.</p> <p>DH noted that if the funding is extended the LSI advocate is going to join the care home forums to introduce themselves to the managers to initiate that relationship should it be required.</p> <p><b>5.1: Review ASP awareness training, encouraging early reporting of harm.</b></p> <p>IW highlighted the work that is being carried out regarding financial harm and the increase in the complexities of financial harm. IW said that he has managed to engage the support of a manager of a bank in Perth with this work.</p> <p>SM noted her own involvement around financial harm where she had to work with the bank to recover money that was taken from an account. She described this as a protracted process. SM said that it was subtle amounts which added to quite a large amount, and that it is not always vulnerable people that are targeted. SM is happy to speak to IW following today’s meeting to discuss it further.</p> <p>BA noted when the APC annual report was shared with the full Council a few weeks ago, there was interest from many elected members about how we are highlighting the risks of financial harm and the challenges of this given the prevalence of artificial intelligence.</p>	
<p>6</p>	<p><b>National ASP Implementation Group update</b></p> <p>IW advised there are 5 national improvement working groups. IW is part of the chronologies group, looking at how we can best improve our chronologies. There are a number of improvement areas being trialled at the moment and the new MOSAIC system will allow us to give greater attention to the need for up to date, relevant and shared multi-agency chronologies. IW has developed an e-chronology module. This has been shared across ASW</p> <p>Another group is regarding the voice of the service user which we see as a key priority and AP has recently joined that group.</p> <p>Another working group is looking at moving away from an ASP investigation into an ASP inquiry using investigatory powers. We have started to use that language from the codes of practise. There is a summary paper on this that IW will share</p>	

	<p>with the APC at the next meeting. Within MOSAIC this will be the terminology used.</p>	
<p>6</p>	<p><b>NHS update</b></p> <p><u>AWI audit Tool</u>  GG advised that they had their first meeting of a short Life Working Group established to develop an Adults Within Incapacity (AWI) audit tool for NHS Tayside. GG reached out to other boards and there is no other board in Scotland that has an AWI audit tool so this will be carried out and tested over the coming months. A improvement plan will also be collated with improvement actions regarding staff knowledge and training of AWI and the other two pieces of protective legislation, roles and responsibilities as professionals and health employees.</p> <p><u>National ASP day/week – February 2024</u>  GG thanked colleagues for helping the team, particularly police, Fire and Rescue and Independent Advocacy who visited the stalls and various sites which included Murray Royal Hospital and Perth Royal Infirmary. GG said it was a very successful day raising awareness of ASP.</p> <p><u>Datix standardisation group</u>  Healthcare Improvement Scotland have set up a Datix standardisation group, looking at the categories around safeguarding. Datix is an incident and risk reporting system within health which includes Child Protection concerns, Adult Protection concerns and MAPPA. GG advised that they hope to extend it to domestic abuse and gender based violence. This group will look at developing standard categories and sub categories.</p> <p><u>P19 review</u>  Following on from this review there were 56 recommendations, 23 of which were attributed to NHS Tayside. There is now only 2 outstanding from an NHS Tayside perspective which are almost fully completed. Word via Angus is that the Care Inspectorate have signed off their improvement plan in relation to P19 also.</p> <p><u>Public Protection Accountability and Assurance Framework.</u>  The Scottish Government published this framework in October 2022, which set out example of evidence of high quality, safe and effective services that promote the protection of children and adults. It was aimed at guiding health boards to assess our adequacy and effectiveness of our public protection arrangements at both the strategic and operational levels.</p> <p>To support the framework a toolkit was developed and tested, and the final toolkit submission was provided to attendees today so that they can see what that toolkit will look like completed. The document provided goes to our Public Protection Executive group in NHS Tayside and it is used to provide assurance to the NHS Tayside Board in terms of progression and position in relation to various aspects of public protection. The toolkit shows that the standards are mapped against the Care Inspectorate for Children's services and Adult</p>	



	<p>protection. It is easy to identify areas that are going well and areas that have room for improvement.</p> <p>GG hopes that the document gives a sense of how were reporting in public protection as a single agency and going forward GG will work with IW to think about how we develop it into a multi-agency perspective. GG notes that the Care Inspectorate colleagues are leading the development of the quality assurance framework as part of phase two and how these two pieces of work may align.</p> <p>DH advised that Melanie Logan provided an update on the Datix process to Care Home Managers as that is the process being encouraged.</p> <p>IW advised that Mark Dickson, Information Governance Officer within the HSCP collates the themes from the various health learning reviews. These are shared with the HSCP thematic review group. This review group identifies themes emerging resulting in targeted improvement work in that area.</p> <p>SM highlighted the findings from the Mr A SCR who had an adverse experience getting from a care home to the hospital and then back to the care home. SM asked if anything came of that.</p> <p>DH advised that there is a NHS Tayside group that he attends chaired by Susie Flowers (SF). This group has various workstreams including looking at the discharge process however this piece of work has been paused for 6 months now. SF is addressing that this work needs to be reestablished for everyone's benefit, particularly the patient. DH clarified that when the group is reestablished there will be input from the Care Homes</p>	
7	<p><b>Police Scotland update</b></p> <p><u>VPD backlog</u> A lot of work has been completed in this area and it has reduced significantly. LS expects within the next couple of weeks that Police will be dealing with daily backlogs only.</p> <p><u>IRD Audit</u> LS confirmed that the audit is now completed and the findings collated. Learning from both Angus, and Perth and Kinross have been combined and will be shared. LS agreed to create a paper to share the findings with the Committee also.</p> <p>LS highlighted the escalation process where he feels that improvements can be made. Within the Vulnerable Person Database (VPD), police escalate when there has been 3, 6, or 9 reports received within a 30 day rolling period for one person. LS is due to meet with IW to discuss this process. LS highlighted that Police submitted 12 VPDs in a short period of time and that he thought that not holding an IRD was a missed opportunity.</p> <p>LS advised that he is looking to scope a pilot for ASP in Perth &amp; Kinross looking at escalations, collating the information and sharing it regularly.</p>	

	<p>LS advised that he has not had any update regarding the shadowing that he mentioned at the last meeting however has shared learning with his team where themes have been identified.</p>	
<b>FYI</b>	<p>Documents for information:</p> <ul style="list-style-type: none"> <li>I. Financial Harm – interim update. Dr Durowse to present at the next APC.</li> <li>II. Joint Protocol: Care and Risk Management (CARM) of Children and Young People who Present a Risk of Serious Harm to Themselves and / or to Others</li> <li>III. E-chronology module <ul style="list-style-type: none"> <li>o <a href="https://rise.articulate.com/share/a8rXfCpYr88zVx8EKZj0ojagNVwt6ylh">https://rise.articulate.com/share/a8rXfCpYr88zVx8EKZj0ojagNVwt6ylh</a></li> </ul> </li> </ul>	
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