



Perth & Kinross Adult Protection Committee Minute

Thursday 18th July 2024 9:30 am held virtually via Microsoft Teams

ATTENDEES

Alison Fairlie (AF)	Service Manager, Social Work, Perth & Kinross HSCP
Angie McManus	AHP Lead Perth & Kinross HSCP
Amanda Welch	Care Inspectorate
Arun Singh (AS)	Chief Social Work Officer
Bill Atkinson (BA)	Independent Convener
Dave Henderson (DH)	Scottish Care, Independent Sector Lead, Perth & Kinross
Grace Gilling (GG)	Associate Nurse Director (Public Protection), NHS Tayside
Iain Wilkie (IW)	Adult Protection Coordinator, Perth & Kinross HSCP
Julie Hutton (JH)	CEO, Independent Advocacy (AP in attendance)
Julie Wyllie (JW)	Manager, Robert Douglas Memorial Care Home
Lee Stewart (LS)	DI, Risk and Concern hub, Police Scotland
Karyn Sharp	Service Manager, Social Work, Perth & Kinross HSCP
Michelle Dow (MD)	Service Manager, Housing, Perth & Kinross Council
Melanie Durowse	Lecturer in Social Work, Dundee University
Sheila McCole (SM)	Councillor, Perth City South
Susan Netherington	ASP Admin
Susan Hunter (SH)	Independent Vice-Convener

APOLOGIES

Kenny Ogilvie (KO)	Interim Head of Service, Adult Social Work, Social Care Operations for HSCP
Susan Torrance (ST)	ASP Adviser, NHS
Sarah Peterson	GP Clinical Lead in Perth and Kinross, NHS
Christopher Lamont (CL)	Strategic Lead for Mental Health, NHS
Winnie Burke	Care Inspectorate
Jennifer Reid	Police Scotland
Erin Wilson	Capability Scotland

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
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>Welcome and Apologies</p> <p>BA welcomed all and apologies were also noted as above.</p>	
2	<p>Minute of Adult Protection Committee (19.04.2024)</p> <p>The minute from the last ASP Committee was shared on the screen and attendees were invited to make comment.</p> <p>MD and IW confirmed that they have met and discussed cross cutting themes. IW has presented his findings from his hoarding research and shared wit with colleagues from housing.</p> <p>MD advised that Housing, Safer Communities and Adult Protection have been working together regarding the temporary post that sits within Trading Standards that focuses on targeting financial scams. This post has been funded on a fixed term, 12 month period, but a joint report has been prepared to seek permanent funding for this.</p> <p>MD provided figures on the work carried out by this area. So far up until June 2024 they've done 17 sessions and 413 residents have attended.</p> <p>IW has reached out to Chris Jolly who is the Service Manager for Business Improvement within the HSCP. He is agreed to review the Improvement Plan with IW.</p>	
3	<p>Adult Protection Sub-Committee – (30.05.2024)</p> <p>The minute for the Sub-Committee was shared with those attending. This was the first meeting after the sub-group underwent a refresh. IW notes it was well attended, and the biggest discussion was regarding financial harm. IW shared an update on the financial harm short life working group that is starting to coordinate the range of public campaigning in Perth and Kinross (P&K). Comments and views were welcomed.</p> <p>GG confirmed that she now has a draft medical examination guidance which has been shared with the GP Clinical Lead Sarah Paterson who provided helpful feedback. GG will share this with Tayside Primary Care and acute services by the end of the week. GG asked if the learning session would be a good opportunity to get thoughts and feedback. IW agreed and welcomed ST and GG's involvement.</p>	

Introducing a decision-making framework in Adult Support and Protection (Dr Melanie Durowse)

MD provided a presentation to admin who shared it on the screen while she delivered to the group.



4.a P&K APC
presentation.pptx

Comments were welcomed.

LS asked if this framework could be used in a Multi-Agency setting. Dr Durowse confirmed that it could be and advised that she would be happy to provide a session that would explain it in more detail for any other services that are represented at the APC today. LS agreed and advised that if there was a template to use as a decision making framework that it would be very useful to his Police colleagues.

GG said that she see the value and is keen to see how they can include this within the training to get the message over to health staff.

SM asked a question about how perpetrators might cause financial harm without realising it and how that could be assessed. Dr Durowse agrees that it may well be unintentional financial harm, and that there tends to be complex dynamics involved. However it still needs to be considered harmful behaviour.

SM said another observation she had was that the roles of the banks and what they were able to do in terms of audit trail. SM feels the roles of the banks are crucial. Dr Durowse agrees the banks do have a role in safeguarding and will have the knowledge and can share information.

MD praised Dr Durowse on a fantastic presentation which she thoroughly enjoyed. MD referred to the point about housing colleagues and the use of language. MD would like to look into maybe doing some sessions with front line housing officers and support officers who are making referrals about the use of language and maybe a very, very shortened overview of causal factors etc. MD suggested this is maybe discussed further at the next APC sub group.

AS questioned if it could be used similar to the IRD process, where there is a collective responsibility, sharing of information and joint decision making. It is more an operational question but looking at it from a multi-agency perspective.

IW confirmed that he had a meeting with LS recently and they discussed if there was benefit and value to hold an IRD (inter referral discussion) for each adult that we think there is a risk of financial harm. IW clarified that they are continuing to look at how we can improve what we are doing and Dr Durowse has been fantastic in helping us understand more than we did before.

	<p>IW confirmed that the new MOSAIC ASP risk assessments have been refreshed to include this financial harm framework to support critical analysis where an adult might be at risk of financial harm. This framework is now part of the Council Officer training programme.</p> <p>BA thanked Dr Durowse for her presentation today and all the support she has given to staff previously and the continued support.</p>	
5	<p>Update on the P&K response to the Maragret Fleming learning review (IW)</p> <p>IW provided an overview of the detailed significant learning review commissioned by Inverclyde APC and CPC. A P&K multi-agency learning review group was established to look at the recommendations that stemmed from the review. IW advised there is an opportunity to look at our own position across the 11 recommendations. The learning review group consisted of colleagues mainly from the learning disability sector including a consultant psychiatrist, colleagues from child protection. IW as lead reviewer.</p> <p>The review has provided a response to the 11 recommendations from P&K which IW shared with the APC today. The response, with the Adult Protection Committee's approval is to take these findings to colleagues in Tayside to see if there is any shared themes or learning across Tayside. Anything intrinsic to P&K will be brought back and owned by us. IW hopes to have a joint APC/CPC development session later on in the year to unpick these findings.</p> <p>GG said there was early discussions at the point of publication and as IW has completed for P&K, it was agreed that Dundee, Angus and NHS Tayside would complete a similar exercise. Due to the complexities it was agreed that time was required therefore to reconvene at the later end of Summer 2024. GG advised she will arrange the meeting soon for mid to end of August to come together. GG recognises that practice and legislation has moved on since Margaret Fleming died. GG said there are still some challenges around learning difficulties health checks and diagnosis such as who does it and where is it recorded, particularly when it is an adult when they have not been diagnosed as a child, or it is borderline, and what is the criteria.</p> <p>SM said she is not confident in the formal diagnosis of learning disability either and notes that many will go unnoticed but their ability to manage independently often fails therefore feels there is a vulnerability gap of 16 – 25 years. BA confirmed that we are looking at transitions in relation to how services support young people as they move from children to adulthood, and how we can make it as easy as possible.</p> <p>JH agrees that early intervention and wrapping around that individual with increased positive communication within services which could be improved. JH confirmed that she read a medical study that suggest that many people do not mature until the age of 27. It is very difficult for social work as people have the right to choose how they want to live their life. JH has worked in the third sector for 15 years and transitions has always been a priority but getting it right is challenging.</p>	

	<p>BA brought the item to a close. BA is assured that the findings from each of the 11 recommendations in P&K do not rise any cause for concern at this time, but these will be reviewed once the Tayside group has met once again.</p>	
<p>6</p>	<p>VPR Audit</p> <p>IW advised this is a recurring audit. It is titled 'There is no protection without support' which references the research published by Dr Kathryn McKay. She cites that it is all well and good to have clear screening safeguarding measures in place, but this is ineffective if there are not appropriate nor proportionate supports to support those who might be at risk.</p> <p>IW confirmed that no adult was left at risk of harm as a consequence of any decision making. IW feels there is really good evidence of the following:</p> <ul style="list-style-type: none"> • Defensible and defensible decision making within this audit. • Use of IRDs and information being shared with the right people mostly in almost all of the cases where an IRD could be considered. • Recognition where there might be a carer support need • The use of a mental health triage pathway being used in order for the adult to get the right support from the right people. • Evidence that one case was escalated to senior management where risk was high. <p>Missed Opportunities highlighted:</p> <ul style="list-style-type: none"> • Considering an IRD • One adult had a child open to CP services. IW said there was no evidence to state that information was being shared with Child Protection colleagues. • Tightening up around our recording of chronologies • On the odd occasion there was misunderstanding of the legislation, where some noted that there was no requirement for the ASP act as there was no incident of harm. However the act does not refer to there being an incident of harm, but the adult being at risk of harm. <p>IW has met with every Adult Social Work Team Leaders to go over the findings such as tightening up the IRD process and highlighting the difference between incident and risk of harm.</p> <p>IW has spoken with Susan Torrance, from the Adult Protection team in NHS, who is going to assist with the VPR audit next year who will bring an added layer to explore what was done when a VPR was shared with someone from health including the CMHT.</p> <p>IW noted that in general, improvements have been made from last year but there are areas that we need to strengthen.</p> <p>AS asked if this report will be revisited to see if there has been improvement which IW agreed. IW monitors all the VPRs and AP concerns screened out with</p>	

	<p>the 24-hour period to see if any adult has been missed or left at any undue harm as a consequence of the delay or whether emerging themes exist about a resource implication.</p> <p>IW notes that with the move to a new social work system, he has taken the opportunity to update some of the learning modules to ensure the learning from these audits are applied to everyday practice.</p>	
7	<p>APC Biennial Report 2022-2024</p> <p>Prior to the APC, a draft summary of the Adult Support and Protection activity throughout 2022-24 to be included in the Adult Protection Committee Biennial Report, was issued. IW provided a summary of the document and welcomed feedback from the APC.</p> <p>AW refers to the positive changes seen in LSIs within P&K which are noted in the report. AW agrees with this, she has been involved in LSIs within P&K for around 10 years and has noticed significant improvements in terms of the collaborative working, the multidisciplinary approach and the impact that the Enhanced Care Home team has had on the support to the care home sector.</p> <p>JW is pleased to see there has been changes. JW said that she has highlighted for some time about the need for early support to care homes before and LS is required and she is pleased to see the improvements having a positive impact. JW asked if LSIs for the same organisation is being considered. IW advised that he needs to be considerate on the data he can share within the APC Biennial report so that no individual or organisation can be identified, but assured JW that there is a LSI a short life working group that is looking into the themes and findings. He noted that in the past, where one care home group was involved in many LSIS in P&K, HSCP strategic leaders escalated this to the strategic leaders from that care home group. Therefore, where there is a need, this can be revised.</p> <p>DH advised that those providers that have been involved in LSIs recently have been receptive to the LSI review template. DH was at a post LSI de-brief meeting yesterday and the manger felt like they (the provider and the LSI core team) were working as a team, and there was realistic discussions around timelines and other pressures that were on the organisation out with the LSI. DH is reassured that there is definitely a shift in this approach.</p> <p>JW suggested more guidance and training is given to care home Managers regarding LSIs. DH highlighted that on the IRISS website there are a number of videos which collate to 17 hours. IW and DH are part of a national group facilitated by IRISS that is looking at resources, documents, templates and guidance that is used for an organisation when going into an LSI which will be utilised in P&K. This information could also be used as an awareness session for Managers. It would be an easy read document without the screeds of information.</p>	

		Year on Year Change (%)											
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	Police Vulnerable Person Report	1136	1284	1515	1755	2254	2262	N/A	13%	18%	16%	28%	0%
	Adult Protection Concerns	237	218	269	589	783	752	N/A	-8%	23%	119%	33%	-4%
	OoHs - Adult Protection	54	21	35	32	44	56	N/A	-61%	67%	-9%	38%	27%
	Total	1427	1523	1819	2376	3081	3070	N/A	7%	19%	31%	30%	0%
Source: ASP Bi-ennial 2 Year Report (Mary's Copy)v4 LW > CONTACT RAW DATA													
<p>SM noted that the figures show a drop in the concerns being raised and feels that this may be due to awareness which should be considered.</p> <p>IW welcomed the comments and asked that those who have not been able to read the report that he would appreciate if they could and provide feedback to him.</p>													
7	<p>NHS update</p> <p>GG advised that at the Public Protection Executive Group within NHS Tayside that the Executive Nurse Director chairs, there was a discussion around health attendance at case conferences. GG confirmed that health have been invited to all ASP case conferences in P&K, and almost all in the other 2 localities. However there seems to be an over reliance on the Adult Protection Team in NHS attending rather than the existing health staff working with the adult. Work is going to be carried out reminding health colleagues across the organisation in relation to the duty to cooperate and that the ASP team will only attend when the adult is not open to anyone in health, or where there is complexity which the team can bring added value and expertise.</p> <p>A new process is also going to be tested in Child Protection within P&K. It has already been tested in a difference locality, and GG is keen to test it in P&K when they get a similar case, whereby information is collated and recommendations are made in order to obtain early learning within Health. Often that learning may be out with the partnership. In the case that has been tested, it was hosted by a health service and another partnership. It involved acute services as well as health services. The early learning was identifying some of those opportunities to address that. GG hopes that this will go live in September and IW and ST are in the process of documenting that change which will be shared so that feedback can be sought.</p>												
8	<p>Police Scotland update</p> <p>LS noted that from previous data, this time of year would normally see a spike in the VPD backlog however work has been put in to ensure that is not the case. LS confirmed that they have got over the worst of the spike period and the</p> <p>The risk and concern hub is due to change to a safeguarding unit, which looks</p>												

	<p>to change in September 2024. Paul Boath will be moving onto another role and DCI Jen Reid will be taking over from him. Investigations will be separated, and skim, which is interviews for kids, Child and Adult Protection, IRDs, case conferences, domestic abuse safeguarding processes and concern of functions will all be one unit headed up by Jen Reid, LS and DI Kevin Mollison. From an Adult Support and Protection point of view this should enhance what we currently have, as the 3 seniors will have no VPD responsibility.</p> <p>LS advised that they are currently looking at escalation processes and what we're doing in relation to financial harm in P&K and how we can benefit from replicating or adapting the FAST system used in Angus or IRDs for financial risk. LS noted that it was interesting to hear Doctor Drowse's presentation and hopefully we can use or utilise that framework.</p>	
FYI	<p>Documents for information:</p> <ul style="list-style-type: none"> I. Change of language to ASP inquiries using investigatory power II. NASPC report III. ASP Policy update IV. ASP Staff L+D Survey 	
AOB		