

## **Gloucestershire Safeguarding Adults Board (GSAB) Meeting**

**Tuesday 14<sup>th</sup> May 2024, 9:30am**

**Chalford Meeting Room, Shire Hall, Gloucester and MS Teams**

### **MINUTES**

#### **Present:**

Paul Yeatman (Chair) (PY)	Independent Chair, GSAB
Sarah Jasper (SJ)	Head of Safeguarding Adults, GCC
Steve Bean (SB)	Detective Superintendent, Head of Public Protection, Gloucestershire Constabulary
Jeanette Welsh (JW)	Lead Safeguarding Adults, Gloucestershire Hospitals NHSFT
Karl Gluck (KG)	Mental Health, Advocacy and Autism Commissioner, GCC/ICB
Jessica John (JJ)	Designated Safeguarding Lead, Young Gloucestershire
Emily White (EW)	Director of Quality, Performance and Strategy, GCC
Carolyn Bell (CB)	GSAB Business Manager, GCC
Steve O'Neill (SON)	Drugs and Alcohol Commissioner, GCC
Sam O'Malley (SOM)	Safeguarding Adult Lead, Gloucestershire ICB
Nina Kane (NK)	Probation Service
Paul Gray (PG)	Head of Safeguarding, GHC
Marie Crofts (MC)	Chief Nursing Officer, NHS Gloucestershire ICB
Erica March (EM) (Minutes)	Safeguarding Administrator, GCC
Paula Massey (PM)	Enabling Manager, Resident Services Group, Forest of Dean and Cotswold District Councils/West Oxon District Council
Donna Potts (DP)	Head of Safeguarding & Prevention Manager, Gloucestershire Fire and Rescue Service
Clare Lucas (CL)	Healthwatch Gloucestershire
Riki Moody (RM)	Operations Director, Gloucestershire Care Providers Association
James Nelmes (JN)	Independent Living Lead, Gloucester City Homes
Sue Lancaster (SL)	Advanced Customer Support Service Leader, DWP Avon and Somerset and Gloucestershire
Althia Lyn (AL)	Commissioning Manager, GCC
Matt Thomas (MT)	Enforcement Officer, Gloucestershire Trading Standards
Sarah Simmons (SS)	Gloucestershire Constabulary
Tom Sackville (TS)	Director, V-i-a

#### **Apologies:**

Sarah Scott (SS)	Executive Director Adult Social Care and Public Health, GCC
Emma Hawkins (EH)	Safeguarding Adults Training Co-ordinator, GCC
Vicky Livingstone-Thompson (VLT)	Chief Executive, Inclusion Gloucestershire
Lisa Walker (LW)	Service Manager, Gloucestershire Carers Hub
Helen Penrose (HP)	Care Quality Commission
Jason Poole (JP)	Trading Standards
Keith Gerrard (KG)	Stroud District Council

		Owner
1	<b>Declarations of Interest:</b> No declarations of interest were made.	
2	<b>Minutes of the Last Meeting</b> The minutes of the meeting held on 20/02/2024 were agreed as a true and accurate record.	
3	<b>Matters Arising from 20/02/2024</b> All matters arising are complete.	
4	<b>LeDeR Annual Report</b> AL provided the update. <ul style="list-style-type: none"> <li>2% of the Gloucestershire population has a Learning Disability, this amounts to around 11,746 people. Of those only 0.7% are registered on the GP Learning Disability Register, which is 3,535 people, and only 0.6% are from the BME community.</li> <li>44% of the reviews undertaken last year were designated good quality of care. Most reviews were within the good or excellent care quality. Only 4% fell below the standard required.</li> <li>The biggest referrers are Gloucestershire Hospitals Trust and Gloucestershire Health and Care, which account for 75% of the notifications to the LeDeR program. More work is needed to increase notifications from Adult Social Care, at present this is 14%.</li> <li>Two reviews were referred for a Safeguarding Adults Review (SAR) but did not meet the criteria. AL said that explaining this to the family can be challenging. It was agreed that it would be beneficial for the LeDeR reviewer to attend the SAR meeting when the case is discussed.</li> </ul> MC asked about individuals who are not registered with a GP and not receiving health checks. AL said work is ongoing in this area, particularly in relation to minority ethnic communities.	
5	<b>Items from the Chair</b> The National SAB Chairs Executive Board met on 13/05/2024. Items on the agenda included: <ul style="list-style-type: none"> <li>The draft National Chairs Annual Report, this will be shared following the LGA and National Chairs Meeting on Thursday 6<sup>th</sup> June.</li> <li>The National SAB Chairs Survey for 2023-2024 can now be shared. PY and CB will look at the report and benchmark against it.                              FINAL DRAFT 2023              SAB Chairs Survey Re           </li> <li>Three SAR escalations were discussed that have come up from regional groups, as per the National Escalation Protocol. A Dorset SAR, regarding the movement of GP records across country boundaries. This individual came from Scotland to Dorset.</li> <li>A SAR in Kent and Medway was discussed, concerning a 19-year-old autistic person who also had a mental health diagnosis. There were implications with the Mental Health Act. Once this has been to the National Chairs meeting, this can then be shared further with the Board.</li> <li>A SAR from Staffordshire and Stoke concerned out of county placements and Positions of Trust. A task and finish group will look at a number of</li> </ul>	

	<p>examples of out of county placements and Positions of Trust reviews.</p> <ul style="list-style-type: none"> <li>The next South West SAB Chairs meeting will take place in a couple of weeks.</li> </ul> <p>KG advised that he would be interested in the information from the Kent and Medway SAR.</p> <p>SL said often DWP are the first agency to see those from out of county and can be a useful link. PY agreed; the South West Chairs Group is linked in with DWP so there is regular attendance at the regional meetings.</p>	
<b>6</b>	<p><b>Statutory Partner Highlight Reports</b></p> <p>PY asked SJ about abuse in people's own homes, SJ advised that in March, 123 cases were identified. Of them, 73 were over 70 years old and predominantly women. This was mostly domestic abuse and SJ has spoken with Sophie Jarrett, DASV County Coordinator, to ensure it is included in the Needs Assessment for the Domestic Abuse Plan. Further work is needed in this area; SOM advised she would be happy to join in this work.</p> <p>PY asked SB about the MARAC backlog. SB advised that this has been added to the force Strategic Risk Register. Staffing within the MASH team is extremely challenging and has been for several years. This has been escalated and they are trying to get more staff to assist. JW advised it takes the hospital 45 hours per week of staffing to provide information to MARAC in the time required. SB advised that he is meeting with the Police and Crime Commissioner (PCC) and will be raising it directly. EW added that following the elections GCC have been asked to provide topics for the PCC and will include this.</p> <p>PY asked DP about the HMRC Inspection, specifically regarding safeguarding. DP advised that Prevention was assessed as Adequate, which is a huge improvement. Firefighters themselves knew what safeguarding meant and what to do if they identified someone at risk.</p>	
<b>7</b>	<p><b>Right Care Right Person (RCRP) Update</b></p> <p>RCRP provides the Police with a threshold to align with their core roles and responsibilities in terms of investigating, preventing and detecting crime. Gloucestershire has a four phased approach to implementation:</p> <ul style="list-style-type: none"> <li>Phase 1: Absent Without Leave (AWOL)</li> <li>Phase 2: Concern for Welfare &amp; Frequent Callers</li> <li>Phase 3: Missing from Healthcare &amp; Missing Persons</li> <li>Phase 4: S136 Mental Health Detention</li> </ul> <p>Implementation is being co-produced with partners. For Phase 1 all principal documents are complete and go live will be the first week of July 2024. Phase 2 is likely to be where the greatest level of risk sits and there needs to be a lot of work in terms of collective approaches. This will go live in September 2024. All phases are planned to be implemented by January 2025.</p> <p>PY asked if each phase would have performance data, SS advised they will be looking at not just the data but focusing on what it felt like for the person, looking at case examples. They will also capture whole system data, to see where the shift in demand goes.</p> <p>MC applauded that this was being implemented in a considered way and</p>	

	<p>reinforced the importance of the AWOL phase, due to the high risk of suicide. RM asked about comms, SS advised that there is a comms strategy, this will be communicated to all partners.</p> <p>PY asked SS to return in September to provide a further update.</p> <p><b>Action: CB to invite SS to the September Board meeting to provide a further update on RCRP</b></p>	CB
8	<p><b>V-i-a New Drug and Alcohol Recovery Service</b></p> <p> <a href="#">PDF</a></p> <p>Via Gloucestershire - GSAB.pdf</p> <p>TS presented an overview of V-i-a, the new Drug and Alcohol Recovery Service in Gloucestershire.</p> <ul style="list-style-type: none"> <li>• V-i-a provide a full suite of treatment for recovery including harm reduction, clinical and wrap around components. This includes clinical work, psychosocial interventions, and a range of group sessions and one to one support. The care planning and goal setting is person led, promoting sustained recovery. This includes supporting those with multiple disadvantage and complex needs.</li> <li>• V-i-a also deliver residential services; The Elms will open later this year, which is a women's only detox centre in Gloucestershire.</li> <li>• There are offices in Gloucester, Cheltenham and Stroud. There is also a part time hub in Cinderford and satellites in Wotton under Edge, Cirencester, Newent, Stow-on-the-Wold and Tetbury.</li> <li>• Partners include, the Nelson Trust, who assist with some of the aftercare and women specific work. P3 are supporting in terms of housing and Young Gloucestershire for transition age work.</li> </ul> <p>KG acknowledged this is a complex area and therefore the need for building relationships is essential.</p> <p>SON agreed that drug and alcohol issues form part of the complex needs that many people have. EW agreed the prevention of further harm is essential to focus on.</p> <p>DP raised the strong correlation between fire deaths and drug and alcohol use.</p>	
9	<p><b>Locality Community Partnership (LCP)</b></p> <p> <a href="#">PPT</a></p> <p>240514 CMHT LCPs GSAB DRAFT v0.1.ppt</p> <p>KG and AT provided the update.</p> <p>The vision of the Community Mental Health Transformation Program was to make changes to the way services work, to make them more integrated and to link up with physical care, primary care and social care, alongside enhancing services. The services people received were often based on an inclusion and exclusion criteria and whilst 74% of people did fit into that pathway, 26% did not, either because their complexity was too high, or they had a general mental health problem and not a mental illness.</p> <p>For those who do not fit into a service, the LCP can be used, these are locality based weekly multi-agency virtual meetings, using DIALOG, an 11-point questionnaire that helps people identify the goals they wish to work on. These preferences are then taken to the weekly meeting. The aim is to improve</p>	

	<p>partnership working in each locality.</p> <p>NK asked about Probation using the LCP. AT advised that the LCP needs to be expanded first to be able to encompass Probation and other areas, to ensure it is robust enough. This will be incorporated into the plan over the next six months.</p>	
10	<p><b>Young Gloucestershire Update</b></p>  GSAB presentation .pptx <p>Young Gloucestershire work with 18-25 year olds and enable young people to build confidence, motivation and improve their lives. Programmes include: Mentoring Program, Linked Up+, Link Chat, Prince's Trust Team Program, Flex and Bounce. There are also drop-in services available within Gloucester, Tewkesbury and Cheltenham. They support with substance misuse and will also work with families to help break the cycle of crime.</p> <p>KG asked what happens when someone reaches age 25, JJ advised that they have staff working on next steps, such as referrals to external services. This helps with the transition between services.</p>	
11	<p><b>CQC Assessment of Adult Social Care</b></p>  GSAB Adult Social Care CQC Update M <p>GCC has received notification of the CQC Inspection. The Self-Assessment has been submitted and information return. This is all available on the public website. The inspection will be within six months of the notification, with six weeks' notice. CQC will be on site for around three days, talking to frontline staff, but also partner agencies. They will use the information provided to prioritise areas. EW can be contacted directly regarding questions from partners about the inspection.</p>	
12	<p><b>Cross Cutting Issues to follow up with GSCP</b></p> <p>JW raised Domestic Violence and trauma; SOM advised that they have access to Serious Violence Duty grant funding, which could be utilised.</p>	
13	<p><b>Issues to be raised with NHS (South) QSG</b></p> <p>No issues raised.</p>	
14	<p><b>Any Other Business:</b></p> <p>RM said international recruits and modern slavery exploitation is more prominent. There are changes in the guidance around not being able to bring dependents. There is a concern that this may increase due to legislative changes.</p> <p>SL advised to be cautious when paying people for their engagement in studies or workshops. This is classed as earnings and can impact on their benefits. SL suggested using other incentives.</p>	
<p><b>Date of Next Meeting: Tuesday 10<sup>th</sup> September at 9.30am (Hybrid Meeting)</b></p>		