

Gloucestershire Safeguarding Adults Board (GSAB)
Minutes of Meeting held on Monday 9th September 2019, 9.30am,
Meeting Rooms 1 & 2, Shire Hall

Present:

Paul Yeatman (Chair) (PY)	Independent Chair, GSAB
Sarah Jasper (SJ)	Head of Safeguarding Adults, Gloucestershire County Council
Carolyn Bell (CB)	GSAB Business Manager, GCC
Paul Stephenson (PS)	Chief Executive, Cheltenham Borough Homes
Jo Bridgeman (JB)	Safeguarding Specialist Nurse <i>representing Marion Andrews-Evans</i>
Lisa Walker (LW)	Carer Services Manager, Glos Carers Hub
Trudi Piggott (TP)	Deputy Director of Nursing, NHS England
Emma Hawkins (EH)	Safeguarding Training Coordinator, GCC <i>representing Angela Willis</i>
Clare Lucas (CL)	Healthwatch
Judith Knight (JK)	Director of Resources and Safeguarding, Gloucester Diocese
Donna Potts (DP)	Gloucestershire Fire and Rescue Service <i>representing Ian Tonner</i>
Hannah Mackie (HM)	Detective Inspector, Gloucestershire Constabulary
Jeanette Welsh (JW)	Lead for Safeguarding Adults Gloucestershire Hospitals NHSFT <i>representing Carole Webster</i>
Susan Field (SF)	Director of Nursing, Gloucestershire Care Services
Claire Hughes (CH)	Business Manager, Corporate Responsibility, Forest of Dean District Council
Peter Williams (PW)	Head of Paid Services, Forest of Dean District Council
Steve O'Neill (SO'N)	Outcome Manager - Drugs & Alcohol, Public Health, GCC <i>representing Sarah Scott</i>
Karl Gluck (KG)	Lead Commissioner for Mental Health, GCC/CCG
Margaret Willcox (MW)	Commissioning Director: Adults & DASS, GCC
Becki Barrow (BB)	Personalisation and Development Manager, 2gether NHSFT
Valerie Baker (VB)	Gloucestershire Partnership Manager, DWP
Sarah Bennion (SB)	Head of Profession for Social Care, 2gether NHSFT
Jem Sweet (JS)	Health and Wellbeing Officer, VCS Alliance
Jenny Cooper (JC)	Lead Commissioner, Older People, GCC/CCG
Alison Feher (AF)	Safeguarding Lead, 2gether NHSFT <i>representing John Trevains</i>
Vicci Livingstone-Thompson (VL-T)	CEO, Inclusion Gloucestershire
Holly Beaman (HB)	Lead Commissioner, LD & PD, GCC/CCG
Sue Pope (Minutes) (SP)	Safeguarding Adults Administration Manager, GCC

Apologies:

David Peake (DP)	Head of Commissioning (Adult Education, Skills & Employment), GCC
Mary Morgan (MM)	Lead Commissioner Housing, Health & Care, GCC/CCG
Ian Tonner (IT)	Gloucestershire Fire and Rescue Service
Rebecca Lea (RL)	Community Manager, POhWER
Marion Andrews-Evans (MA-E)	Executive Nurse & Quality Lead, NHS GCCG
Sarah Scott (SS)	Director of Public Health, GCC
Karen Smith (KS)	Trading Standards
Carole Webster (CW)	Deputy Chief Nurse, Gloucestershire Hospitals NHSFT

		Owner
1.	Introductions and apologies were made 1.1 Declaration of Interest – No declarations of interest were made.	
2.	Minutes of the Last Meeting – 24/05/19 The minutes of the meeting held on 24/05/19 were agreed as an accurate record.	
3.	Matters Arising from 24/05/19 All actions completed.	
4.	Items from the Chair The Chair thanked Peter Williams and Sue Field for all their valued work for the Board. Jem Sweet, VCS Alliance, was also welcomed as a new member. 4.1 National Update The National Chairs Group met in June and is due to meet again on 18 th September. A draft Annual Plan had been produced, the four priorities for next year are: <ul style="list-style-type: none"> • Prevention • Working with relevant national bodies • Improving outcomes for adults at risk • Accountability and assurance frameworks Action: Circulate the draft National Chairs Annual Plan A regional exercise in S42 thresholds has been completed, followed by a workshop in Exeter. There was agreement on the safeguarding actions required for each case, even when the S42 decisions were not the same. A Making Safeguarding Personal (MSP) outcomes framework is being developed. Post safeguarding surveys for service users had been tested in some areas and found to have limited value. Enfield has been identified as having good practice in service user engagement.	SP
5.	Case Study – GHNHSFT JW presented a case study of an elderly lady with acute care needs. It was unsafe for her to swallow and she needed a nasal gastric (NG) feed. She was assessed at the time as lacking capacity for care and treatment purposes. Her family did not have Lasting Power of Attorney and a DoLS application was made. The patient removed the NG tubes twice and the family believed this was her choice (but may have been caused by delirium). A bridle was used to keep the NG tube in place. Several best interest meetings were held and advice was sought from an advocate. The patient was fed 'at risk' because of the risk of choking. She died as a result of an acute clinical condition. The importance of LPA (Health/Welfare and Finances) was emphasised by MW.	
6.	2g/ASC Accelerated Integration Project BB described the work of the Integration Accelerated Pilot. This focuses on personalisation for people with mental health issues or secondary mental illness. The project team was tasked with: <ul style="list-style-type: none"> • Developing a Social Care Assessment Tool (based on the 3 tier 	

	<p>conversation)</p> <ul style="list-style-type: none"> • Working with staff across services (including the voluntary sector) • Using Integrated Budgets and Personal Health Budgets creatively <p>The benefits have been:</p> <ul style="list-style-type: none"> • Increased staff morale and empowerment • Focusing on the strengths of service users • Service users said they felt listened to • Personal Health Budgets used effectively • Interest shown by other areas because of good outcomes <p>Integrated Budgets used in a personalised way can have a significant impact on a person's recovery. Positive risk taking with creative care planning allows for greater outcomes.</p> <p>The project ends in March 2020, but it is hoped that this will become 'business as usual' for health and social care. Expanding to service users with LD is currently being explored.</p> <p>A case study was presented of a young woman with an emotionally unstable personality disorder and autism. She liked to climb; this was explored and climbing sessions were arranged, along with equine therapy and autism therapy. She has had no hospital admissions in seven months and has become an 'expert by experience'.</p>	
7.	<p>Strategic Plan 2018/21</p> <p>Updates to the Strategic Plan are shown in red; Year 1 is now complete. The following objectives were discussed:</p> <p>1.1 Benchmarking against the findings of the LGA audit has taken place with positive results. This will be revisited regularly.</p> <p>3.1 There have been two referrals as a result of the new High Risk Behaviours Policy. A Creative Solutions pilot in Cheltenham is also being considered.</p> <p>3.2 The recommendations from the LM SAR are being taken forward.</p> <p>4.2 The GSAB Self Assessment Audit will be conducted again in December 2019.</p>	
8.	<p>Risk Register 2018/21</p> <p>Updates are shown in red. The only changes are Risks 1.2 (Agencies prioritise safeguarding child at the expense of adults) & 3.2 (Accuracy of GCC data), these have been downgraded as the risks have reduced.</p>	
9.	<p>GSAB Governance – Performance and Quality</p> <p>The quarterly report has evolved and now includes an additional graph showing GCC placed out of county cases, which are mainly in neighbouring counties. An additional table is being added showing further details of the top four locations. HB is gathering data on inter county placements and will share this one complete. MW raised the need for government regulation in out of county cases.</p>	
10.	<p>Liberty Protection Safeguards (LPS)</p> <p>MW chaired a meeting with NHS partners about delivering LPS locally and which areas of work can be shared. SJ has set up an LPS Project Group, with the first meeting scheduled for November. Publication of the Code of Practice has been delayed.</p>	

11.	<p>GSAB Sub Group Exception Reports</p> <p>11.1 LM SAR Update – CQC prosecution The first court date was 5th August; the case was adjourned until 28 October due to the amount of evidence. CQC are prosecuting Lifeways for failing to provide safe care and treatment to both LM and VD, resulting in avoidable harm and, thereby, committing an offence under Regulation 22 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.</p> <p>11.2 Comms & Engagement Sub-Group – New Chair JS has taken over as Chair of the Comms & Engagement sub-group. VL-T will continue her Co-Production work.</p>	
12.	<p>Voice of the Service User It has been a challenge to meaningfully engage with service users. A decision has been taken to integrate into existing groups including the LD Partnership Board, where two safeguarding sessions will be held per year. Work is also taking place with Age UK and their existing groups, to discuss safeguarding. Outcomes from these sessions will be collated and fed back to the Board.</p>	
13	<p>Board Theme ‘Key GSAB Partners’</p> <p>13.1 Safer Gloucester Safer Gloucestershire is concerned with the safety of the whole population, working with district Community Safety Partnerships (CSPs) and local, regional and national agencies.</p> <p>Priorities include:</p> <ul style="list-style-type: none"> • Locality based crime • Social isolation • Safeguarding children • Substance and alcohol misuse • Domestic abuse and sexual violence • Violence, vulnerability and exploitation <p>Work in progress includes: Domestic Homicide Reviews, data sharing, domestic violence and sexual violence task and finish group, a social isolation and loneliness deep dive and violence prevention.</p> <p>SF suggested the need for a comms strategy, to publicise the outcomes and benefits of the work. PY asked if this could be done jointly with GSAB, the Health & Wellbeing Board and Safer Gloucestershire.</p> <p>13.2 Gloucestershire Carers’ Hub People Plus was commissioned to run the contract from 1st April 2019. They offer services to unpaid carers. Including:</p> <ul style="list-style-type: none"> • Information, advice and guidance • Carers assessments and support planning • Carers Emergency Scheme • Carer breaks • Carers Wellbeing Payments • Hospital Liaison • Carers Voice 	

	<ul style="list-style-type: none"> • Positive Caring education and training • Carers emotional support and counselling • Peer support groups <p>Since 1st April they have triaged 790 calls and arranged 291 full statutory carers' assessments. The biggest issue is people not identifying as carers.</p> <p>It was suggested that Care Navigators could be used to identify carers and recommend the Carers Emergency Scheme; churches volunteers could also do this.</p> <p>13.3 LeDeR Review Findings</p> <p>Learning from Death Reviews (LeDeR) cover all deaths of people with a learning disability aged four years and older. People with a learning disability on average die 20 years earlier and are more likely to die from avoidable causes. LeDeR does not replace statutory reviews, but works closely with them.</p> <p>The findings of the 2018 National Annual Report include:</p> <ul style="list-style-type: none"> • 4,302 deaths notified in England • 1,081 deaths have been reviewed • 50% of deaths received care which was good or better • Women on average died 27 years earlier • Men on average died 23 years earlier <p>The findings from Gloucestershire show that women died 17.8 years early and men 14.1 years early. The most common causes are cancer, broncho pneumonia and heart failure.</p> <p>Local learning themes include:</p> <ul style="list-style-type: none"> • Access to Annual Health Checks • Reasonable adjustments for healthy lifestyle preventative services • MCA by mainstream health services is inconsistent • Meeting communication needs in mainstream health services <p>13.4 Gloucester Diocese</p> <p>The diocese has 400 churches, with 15,000 people attending them and 30,000 children taught in 116 C of E schools.</p> <p>Safeguarding governance and oversight includes:</p> <ul style="list-style-type: none"> • Diocesan Safeguarding Advisory Panel (DSAP) with Independent Chair • Diocesan Synod and Bishop's Council • Parish Safeguarding Officers • External scrutiny (SCIE) <p>The diocese complies with legislation and national church policy, offering professional advice, support and best practice. This includes supporting survivors of abuse. It links with probation and Adult Social Care. Safeguarding training is provided, as well as a Parish Safeguarding Handbook.</p>	
14	<p>14 Cross Cutting Issues to be followed up with GCSB</p> <p>No issues to be raised.</p>	

15	15 Issues to be raised with NHS (South) QSG No issues to be raised.	
16	Any Other Business HM advised that the police Adult at Risk decision maker (Laura Charlton) is now in post. She is currently meeting partners and discussing information sharing. LC will be invited to the next Board. Action: CB to invite police Adult at Risk decision maker to the next Board	CB
	Date of next meeting: Friday 22nd November 2019, 9:30am, Meeting Rooms 1 & 2, Shire Hall	