

Gloucestershire Safeguarding Adults Board (GSAB) Meeting

Tuesday 20th May 2025, 9:30am

Shire Hall, Gloucester and via MS Teams

MINUTES

Present:

Paul Yeatman (Chair) (PY)	Independent Chair, GSAB
Sarah Jasper (SJ)	Head of Safeguarding Adults, GCC
Steve Bean (SB)	Head of Public Protection, Gloucestershire Constabulary
Jeanette Welsh (JW)	Safeguarding Adults Lead, Gloucestershire Hospitals NHSFT
Emily White (EW)	Director of Quality, Performance and Strategy, GCC
Carolyn Bell (CB) (Minutes)	GSAB Business Manager, GCC
Sam O'Malley (SO)	Designated Safeguarding Nurse, ICB
Donna Potts (DP)	Head of Safeguarding & Prevention Manager, Gloucestershire Fire and Rescue Service
Lisa Walker (LW)	Service Manager, Gloucestershire Carers Hub
Tanya Martin (TM)	Probation Service
Hannah Williams (HW)	Deputy Director of Nursing Therapy and Quality, GHC
Paul Gray (PG)	Head of Safeguarding, GHC
Lerryn Udy (LU)	Head of Safeguarding, SWAST
Amanda Wray (AW)	Safeguarding Manager, Cheltenham Borough Homes
Emily Luckham (EL)	Inclusion Gloucestershire
Rosie (R)	Inclusion Gloucestershire
Hannah Locke (HL)	Strategic Housing Lead
Andy Wood (AW)	Gloucester City Homes
Karen Frayling (KF)	Julian House
Mark Bone (MB)	Head of Service Corporate Parenting, GCC
Paula Massey (PM)	Forest of Dean and Cotswold District Councils
Michelle Garland (MG)	GSAB Support Officer
Kate Lewis (KL)	Nelson Trust
Mesha Holford (MH)	Nelson Trust
Adele Owen (AO)	GARAS
Helen Mansfield (HM)	Trading Standards
Clare Lucas (CL)	Healthwatch Gloucestershire
Craig Tucker (CT)	Kingfisher Treasure Seekers
Callum (C)	Kingfisher Treasure Seekers (Lived Experience)
Jessica John (JJ)	Designated Safeguarding Lead, Young Gloucestershire
Chris Atkins (CA)	Gloucestershire Care Providers Association (GCPA)
Danielle Vale (DV)	POhWER Advocacy

Apologies:

Marie Crofts (MC)	Chief Nursing Officer, NHS Gloucestershire ICB
Sarah Scott (SS)	Executive Director Adult Social Care and Public Health, GCC
Helen Flitton (HF)	Head of Inclusion Health, Public Health and Communities, GCC
Vicky Livingstone-Thompson (VLT)	Chief Executive, Inclusion Gloucestershire
Susan Hughes (SH)	Forest of Dean and Cotswold District Councils
Keith Gerrard (KGe)	Stroud District Council
Jason Poole (JP)	Trading Standards
Karl Gluck (KG)	Mental Health, Advocacy and Autism Commissioner, GCC/ICB
Sarah Hawker (SH)	Department of Work and Pensions

		Owner
1	Declarations of Interest: No declarations of interest were made.	
2	Minutes of the Last Meeting The minutes of the meeting held on 25/02/2025 were agreed as a true and accurate record.	
3	Matters Arising from 25/02/2025 All matters arising are complete.	
4	Items from the Chair This is PY's 44 th and last GSAB meeting. PY thanked Board members for their support over the last 11 years; PY also thanked SJ and CB. There have been improvements over this time, including more recently the new GSAB Support Officer post, which will focus on data and capturing lived experience. There will shortly be two further new posts, sat in the GCC Safeguarding Adults Team, the Making Every Adult Matter (MEAM) Co-ordinator and the Multi-Agency Risk Management (MARM) Co-ordinator. In future there will be changes due to devolution, and NHSE and ICB restructuring. David Hanley, the new Board Chair, will start on 1 st June.	
5	Business Planning Group Exception Reporting A new Independent Reviewer is being sought for the MS SAR, a man who was homeless with severe and multiple disadvantage. A Rapid Review is taking place on 21/05/25 for JS who was 95 years old and was refusing support from agencies for pressure ulcers. SJ is producing a DoLS Backlog Appraisal, which documents ways to reduce the backlog of DoLS applications awaiting assessment, with one option being outsourcing older cases to a company for completion. This proposal will go to Cabinet in September for a decision.	
6	Statutory Partner Highlight Reports PY asked SO if there was an update on the new restructure of the ICB, SO advised that clustering with other areas in the south west was being considered, but a decision is yet to be made. SB said that changes to GCC because of devolution, plus the Police, ICB and NHSE could impact on service delivery. PY asked SJ about the lower level of Concerns and S42 Enquiries compared to other areas in the country. SJ advised that there are different ways of counting and processes, some areas count concerns as work under S42, so call it an enquiry. Also, in Gloucestershire, some agencies pre-screen concerns before submitting them, which also reduces the number received. CQC felt there was no robust analysis of this, which there now is.	
7	CQC GCC ASC Inspection Update EW provided an update following the CQC Local Authority Inspection in September 2024 and subsequent report published in January 2025. CQC looked at Adult Social Care across four themes and found some shortfalls in all areas, along with good practice. The rating received was Requires Improvement, as further progress is needed to embed the changes and progress already made. Within the Safeguarding theme, the high-level feedback was around evidencing the impact of outcomes. The key areas include: <ul style="list-style-type: none"> • Lived Experience Feedback 	

	<ul style="list-style-type: none"> • Enhanced Safeguarding Data • Implementation of Learning from SARs and Audits • Analysis of Safeguarding Referrals <p>The Safeguarding Improvement Plan has four areas of focus:</p> <ul style="list-style-type: none"> • Ensure we are using data to best effect • Ensure Making Safeguarding Personal (MSP) is better understood and can evidence listening and learning from what people tell us • Improve visibility of learning from audits and SARs into practice • Improve approach to “Edge of Safeguarding” situations (MEAM, MARM, Transitions) <p>The Improvement Plan is being submitted to the DHSC at the end of May, with further updates being provided quarterly on the Top Nine priorities. A Regional Care and Health Improvement Advisor has been allocated, and they act as an intermediary between GCC and DHSC. It is assumed that CQC will return around September 2026, for a further inspection visit.</p>	
8	<p>Carers Hub Update</p> <p>LW provided an overview of her own experience as an unpaid carer for the last ten years; caring for her mother. Three years ago, her mother had a stroke; LW has needed to juggle work and caring. More recently her mother had two falls in 12 hours, having been taken to hospital, they had to wait 12 hours to see a doctor. Ahead of discharge LW arranged respite for her mother but had to wait four and half hours before discharge took place, when she had work meetings already scheduled. LW receives good support from her employer; but asked the group to consider the additional pressures their staff face if they are unpaid carers.</p> <p>DP shared that her father-in-law is disabled and in his 80's, her husband spends one night a week with him, to allow his mother to have a good night's sleep. His employer is supportive, allowing him to work from home the following day and tailoring his tasks accordingly.</p> <p>The Carers Hub contract was awarded in 2019, this is the final year, with re-tender this year. In 2019 there were 2,000 carers registered, now there are 16,000, with an average of 200 new carers a month.</p> <p>An example was provided of a safeguarding referral, when the Carers Emergency Scheme was activated and a domiciliary care provided alternative care, the carer was refusing medical treatment, and the provider raised a safeguarding concern.</p> <p>There is a Carers Event on Monday 9th June at Dowty's Sports and Leisure Club, Gloucester, with guest speakers, stands and opportunities for professionals to network.</p>	
9	<p>Inclusion Gloucestershire Update</p> <p> IG Safeguarding presentation.pptx</p> <p>EL and R provided an update. Safeguarding referrals are mainly made by the Quality Checking Team, advocacy and staff members. They undertake 135 quality checks per year and encourage providers to make safeguarding referrals. There have been 20 referrals made in the last year, 70% met the criteria and</p>	

	<p>36% went on to become a S42 Enquiry. Often their client group do not meet the criteria, as they do not have significant needs.</p> <p>Safeguarding communication is improving, but there are still issues. Signposting is not always appropriate, as the service suggested is not always accessible for the person.</p> <p>Sometimes other organisations contact them to ask if an issue is safeguarding, as they are not confident in themselves or the system to report it. A community group asked them to make a referral, as they wanted to remain anonymous, so that the relationship with the person was not compromised.</p> <p>R has 24-hour care and high care needs. Safeguarding issues have become normal for her e.g. repeat medication errors. When making a referral, she asked to be contacted by email or text, but she was rung when her carers were present. This could have put her in a difficult situation with her carers. R asked again if she could be emailed rather than contacted by phone, but she didn't hear anything for five months; she has lost trust in the system. Everyday life requires a lot of energy, any additional situations, like safeguarding issues take up a lot of additional mental energy. This can have a massive impact on the person; it creates acceptance, as people do not have the energy to do anything about it. R said that the safeguarding process is not designed for self-reporting.</p> <p>EL received a letter about poor care, it was difficult as the carer was with the person most of the time. On this occasion the safeguarding team were brilliant, and someone met the person at a suitable time. Some people do not have their own mobile phones and Inclusion Gloucestershire need to make contact on their behalf.</p> <p>Key areas to change include:</p> <ul style="list-style-type: none"> • There needs to be multiple ways of reporting (not just the Portal) • Do not rely on digital methods • Review the wording on the portal (R does not meet the criteria from the options listed) • There are no easy read documents on how to report a safeguarding concern or step by step guide • Provide safeguarding staff with disability awareness training • Involve the person in the process and ask for their feedback afterwards • Consult people with lived experience on the process <p>SJ thanked R and asked if she would be involved in working with the Safeguarding Team to make improvements.</p>	
10	<p>Treasure Seekers Update</p> <p>CT and C provided the update. C has attended the service for one year and four months, he had mental health issues and was homeless; he was initially provided with a sleeping bag and signposted to other services. C received free hot meals and drinks, he still attends the Adult and Young Person support, which is provided 6pm to 10pm every night of the year at The Cavern.</p> <p>CT advised that this was C's first time talking to a group and the aim was to include the voice of people more in their work.</p> <p>Treasure Seekers is a social enterprise organisation, of 13 years, with a vision</p>	

	<p>for people to be the best version of themselves and to explore ways to help people on their journey through life.</p> <p>They have two hubs, one in Eastgate, which is an activity hub for those with a learning disability, activities include bingo, disco's, coffee mornings, performing arts and workshops including Be the Best Me. The Cavern is the second, in Westgate, which is a public coffee shop. It supports people who are homeless, have mental health and addiction issues, or a physical, or learning disability. Staff support individuals and signpost to other services. People can attend as often as they want, and it provides a safe space.</p> <p>The Anchor is a service for over 18's with complex emotional needs, who have tried other mental health services but still need support. It lasts for one year, initially with 10-15 hours a week of support, reducing over time.</p> <p>Open Access Therapy Services (OATS) is run by the GHC CEN Team and Treasure Seekers and is a fully peer led service, staff facilitate, but the group lead; it runs three times a week.</p> <p>They also have a worker in the Hospital Emergency Department from 6pm-11pm every day, to provide support to those that need it.</p> <p>Safeguarding is a core component of their work; they also struggle with using the portal and people meeting the criteria for care and support needs. Only a small percentage of the safeguarding concerns that they make are taken forward to a S42 Enquiry.</p>	
11	<p>GARAS Update</p> <p>They work with asylum seekers going through the process; if they are granted refugee status then they help people in their new lives including with accommodation and benefits. They also work with young people and unaccompanied asylum-seeking children.</p> <p>There are currently two resettlement programmes, one to rehouse Afghan's who were living in barracks and are mostly housed in old Ministry of Defence properties. There is also the vulnerable people's resettlement scheme, the numbers are small, but accommodation needs to be provided.</p> <p>The Ukrainian team are looking after those who are most vulnerable; there are 2,000 Ukrainians living in Gloucestershire. They were initially granted three years in the UK and are currently seeking 18-month extensions.</p> <p>Domestic abuse is the largest area for adult safeguarding cases, particularly women who arrive on a spousal visa; they see one case a week on average.</p> <p>People are vulnerable to exploitation and slavery. Also, countries are clamping down on those who are LGBTQ+ and GARAS have been working with Gay Glos to help them tell their stories in a dignified way; there has been a 95% success in outcomes since the project started.</p> <p>There are vulnerable clients in asylum accommodation and GARAS are not always told if someone has significant mental health issues; clients have experienced multiple bereavements and PTSD.</p> <p>GARAS are trying to gain the views of those with lived experience.</p> <p>There can be challenges when making a safeguarding referral due to language and cultural barriers. They have a case management system which helps them to track referrals.</p> <p>Friday 20th June is Refugee Day; it is 80 years since the first Moomins book and these are being used to commemorate this.</p> <p>AO advised that she is retiring in the summer, after 23 years at GARAS.</p>	
12	Young Gloucestershire Update	

	<p>They offer a wide range of services for 18-25-year-olds. They work in partnership with the Kings Trust in Bristol. Their parental mental health service supports the whole family, holistically. They work with VIA to provide substance support, including to understand usage and its impact, with the aim to reduce or stop using substances. They provide therapeutic mental health services on the ward in Gloucester Royal Hospital. They also work with families who have an incarcerated family member. They work with Pets at Home to provide a pet care qualification and have two therapy dogs on site. All support is tailored to the individual. They can provide housing support, as one member of staff used to work for P3. Last month there were 113 safeguarding referrals, a large number did not need to go to the Adult Helpdesk, as they could be helped from within Young Gloucestershire. JJ shared several short films showing the young people that use their services talking about the support they had received.</p>	
13	<p>Nelson Trust Update</p>  NT WC presentation.pptx <p>It is 40 years since the Nelson Trust started in Stroud, with a residential rehab centre. In 2010 they opened their first Women's Centre in Gloucester and there are now nine Women's Centres across the south west and Wales. They provide support with accommodation, finances, domestic abuse, education and sex working. The women they work with have multiple and complex needs. They run a family's pathway in partnership with VIA, to work with families around addiction. They have a perinatal service, for birth to two years old and Pause, for those who have had multiple babies removed; this is a new service. They have a creche on site, as childcare is an issue for accessing services. They also offer counselling and art therapy and run a lunch club twice a week. They have washing and shower facilities in the Women's Centre. They hold a monthly multi-agency forum: the Sex Workers Outreach Project, which has safeguarding representation and provides advice on risk management. MH talked about her experience of using the Women's Centre; she was homeless, using substances and experiencing domestic abuse, she was also a care leaver. MH attended for ten years, then began to volunteer and now works as a peer mentor. It was MH's social worker at the time that recommended the Women's Centre. MH felt they cared and that she was understood, they would not give up on her. MH realised they wanted to help her; it was about building trust; she had trust issues at the time. They work more flexibly than statutory services.</p>	
14	<p>Cross Cutting Issues to follow up with GSCP</p> <p>None raised.</p>	
15	<p>Issues to be raised with NHS (South) QSG</p> <p>None reported.</p>	

16	Any Other Business  IMPACT letter.docx <p>TM from the Probation Service provided an update on the changes to prisoner recall to custody that were announced by the Lord Chancellor in her speech on 12th February 2025. This is due to prison capacity issues. Anyone who is sentenced to between 12 and 48 months, who is subject to a licence, if they are recalled to custody, it will be for a set period of 28 days. The exclusion criteria includes those under 18, under MAPPA 2 or 3, charged with a serious further offence, national security or counter terrorism. It is expected that the law will be changed in July and implementation between September and November. This will impact on other services, as well as Probation. Probation will be implementing a new process called Impact, if they meet the criteria, Probation will only work with the individual for up to 16 sessions.</p>	
	Date of Next Meeting: Tuesday 9th September 2025	