

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

**Tuesday 4<sup>th</sup> August 2020, 10:00am**

**Teleconference via Microsoft Teams**



### **MINUTES**


#### **Present:**


Paul Yeatman (Chair) (PY)	Independent Chair, GSAB
Sarah Jasper (SJ)	Head of Safeguarding Adults, Gloucestershire County Council (GCC)
Carolyn Bell (CB)	GSAB Business Manager, GCC
Paul Gray (PG)	Team Manager, Safeguarding Adults Team, GCC
Annette Blackstock (AB)	Designated Nurse Safeguarding Children & Safeguarding Adults Manager, NHS Gloucestershire Clinical Commissioning Group (GCCG) <i>representing Marion Andrews-Evans</i>
Cllr Kathy Williams (KW)	Cabinet Member for Adult Social Care Delivery, GCC
Brenda Yearwood (BY)	Strategic Commissioning Manager, GCC
Steve O'Neill (SO'N)	Outcome Manager - Drugs & Alcohol, Public Health, GCC <i>representing Sarah Scott</i>
Vicci Livingstone-Thompson (VL-T)	Chief Executive, Inclusion Gloucestershire
Jenny Cooper (JCo)	Lead Commissioner - Older People, GCC/GCCG
Jeanette Welsh (JW)	Lead for Safeguarding Adults, Gloucestershire Hospitals NHS Foundation Trust (GHCNHSFT) <i>representing Carole Webster</i>
Rosie Luce (RL)	Assistant Director of Quality and Safeguarding & Regional Lead for Safeguarding, NHS England and NHS Improvement – South West Region
Val Baker (VB)	Gloucestershire Partnership Manager, DWP Work Services Directorate, Avon Somerset and Gloucestershire District
Caroline Walker (CWa)	Head of Community Services, Cheltenham Borough Homes
Holly Beaman (HB)	Lead Commissioner - Learning Disabilities & Physical Disabilities, GCC/GCCG
Alison Feher (AF)	Head of Safeguarding, Gloucestershire Health & Care NHS Foundation Trust (GHCNHSFT)
Kath Davies (KD)	Detective Superintendent, Head of Public Protection Bureau, Gloucestershire Constabulary
Sam Lancaster (Minutes)(SL)	Safeguarding Adults Administration Manager, GCC

#### **Apologies:**

Margaret Willcox (MW)	Commissioning Director: Adults & DASS, GCC
Marion Andrews-Evans (MA-E)	Executive Nurse & Quality Lead, NHS GCCG
Karen Smith (KS)	Head of Regulatory Services and Consumer Protection, Trading Standards Services, GCC
Simon Hester (SH)	South West Ambulance Service Trust (SWAST)
Julie Foster (JF)	Inspection Manager, CQC
Paul Stephenson (PS)	Chief Executive, Cheltenham Borough Homes
John Trevains (JT)	Director of Nursing, Therapies and Quality, GHCNHSFT
Dawn Porter	Head of Adult Social Care, GCC
Karl Gluck (KG)	Lead Commissioner for Mental Health, GCC/CCG
Mike Hammond (MH)	Strategic Safeguarding Lead, Stroud District Council
Sarah Scott (SS)	Director of Public Health, GCC
Steve Olczak (SO)	Gloucestershire Partnership Manager, DWP Work Services Directorate, Avon Somerset and Gloucestershire District

		Owner
1.	<b>Introductions and Apologies were made</b> <b>1.1 Declaration of Interest</b> – No declarations of interest were made.	
2.	<b>Minutes of the Last Meeting – 13/02/2020</b> The minutes of the meeting held on 13/02/2020 were agreed as a true and accurate record.	
3.	<b>Matters Arising from 13/02/2020</b> Item 9 Page 3: GSAB Governance – Performance & Quality. Action: CB to arrange a presentation on GDPR/Caldicott for the May Board. <b>Postponed</b> - item was arranged for May meeting but the meeting was cancelled. Will be re-arranged for a future date. All other actions completed.	
4.	<b>Items from the Chair</b> Safeguarding has been a priority for all agencies during the lockdown period. In response to safeguarding concerns across Gloucestershire during the pandemic, the Covid-19 Integrated Care System Independent Sector Support and Scrutiny Review Group was formed, originally meeting on a weekly basis and then fortnightly. There will be local and national level learning from the pandemic, especially within residential and nursing homes. A thematic review, either nationally or regionally is being considered. A paper on The Covid-19 and Safeguarding Adults: Issues Grid (phase II) Updated July 2020 - 'coming out of lockdown' has been produced (copied below); this is a follow up to the work initially completed at the start of the pandemic. It includes engagement, social distancing, data sharing, the role of the Board during the pandemic, training (including volunteer training), operational issues and areas of best practice.  Issues Grid - Safeguarding COVID-  The Department of Health and Social Care advice for the Annual Report this year has been to use proportionality. SCIE have produced a SAR Rapid Response Review process, with no face to face contact and the review taking place over a 15 day period. There is a webinar on 25 <sup>th</sup> August 2020 which several Board members have already signed up to.	
5.	<b>Safeguarding Referrals and Trends</b> Statistics and trends of safeguarding concerns over the Covid-19 pandemic period of 23 <sup>rd</sup> March to 22 <sup>nd</sup> July 2020 were presented, with 861 concerns, compared to 772 for the same period last year. Up to 15 <sup>th</sup> May there was no significant difference between last year and this years figure.  GCC SG Update GSAB Aug Mtg.docx  In lockdown there was an increase in referrals from SWAST (53 up from 29), friends and family (85 up from 43), Residential Care Homes (128 up from 84) and Housing (30 up from 15), as well as an increase in resident on resident and	

	<p>behavioural issues. There has been an increase in anxiety from family and friends due to isolation in lockdown. Within the types of abuse reported there has been an increase in domestic abuse, physical injury, self neglect, organisational abuse, neglect and psychological abuse concerns.</p> <p>Police and GP referrals increased in the second half of lockdown but the opposite was the case for hospitals. The Gloucestershire Care Services and 2gether Trust Advice Lines were merged on 1<sup>st</sup> April 2020 and this may explain the lower rate of referrals since.</p> <p>In conclusion, lockdown led to changes in the nature of safeguarding issues across the region. Relationship pressures contributed to the increase in domestic abuse referrals. Organisational abuse and neglect concerns seem to be predominately related to PPE or staffing issues, directly as a result of lockdown.</p>	
6.	<p><b>Gloucestershire Care Homes Update</b></p> <p>The Reporting Structure CMO document (below) was shared. At the end of July, 81 Care Homes in Gloucestershire were affected by Covid-19 deaths. Between 10<sup>th</sup> April and 24<sup>th</sup> July 2020 there were 260 suspected Covid-19 deaths and 670 deaths in total.</p>  <p>Reporting structure cmo BY.xlsx</p> <p>The Bed Tracker tab in the spreadsheet indicates the declared vacancies at any one home and declared Covid-19 cases. As of 3<sup>rd</sup> August the Covid-19 count was six and the Declared Vacancies was 740. Day 4 and Day 14 checks are completed to verify the information with care homes.</p> <p>Primary, secondary and contributory causes of death are noted. The data is drawn from different sources and can appear conflicting; despite it being right at the point it is captured. Many care homes were initially reporting non Covid-19 deaths in the Covid-19 death figures, as the focus was surrounding deaths generically, explaining the high death figures. Consistency in mapping has evolved over the pandemic. HB asked if the data is being verified and cleansed and BY confirmed that this is happening. SO'N advised that Sarah Scott, Director of Public Health is able to provide further information if required.</p>	
7.	<p><b>CCG Update (including weekly Gloucestershire Covid-19 ICS Independent Sector Scrutiny Review)</b></p> <p>The Incident Coordination Centre (ICC) started in February 2020 as a link between the NHSE regional office and local systems; it is coordinated with the Strategic Coordination Group. It operates seven days a week.</p> <p>There has been a large focus on PPE within the county. This has been multi-agency coordinated and successful; this continues with contingency and second wave planning.</p> <p>The role of the 14 Primary Care Networks (PCNs) has changed, with clusters of GPs and developed local hubs providing virtual, rather than face to face consultations.</p> <p>Patient experience surveys are being used to establish the learning from Covid-19. Recovery planning has involved a Local Management Outbreak Plan (in case of further localised restrictions), concurrent influenza planning and an influenza vaccination programme plan.</p> <p>Within the Integrated Care System and the Independent Sector there has been a cohort of staff from Health and Social Care meeting fortnightly to discuss</p>	

	<p>vulnerability, care homes and PPE. This started in February 2020; Kim Forey, Director of Integration, CCG, is the Chair and safeguarding is a standing item on the agenda.</p> <p>The CCG safeguarding and vulnerability call support focus through Covid-19 has been significant with direct contact made with almost 10k people who were either shielding or had a vulnerability.</p>	
8.	<p><b>Gloucestershire Hospitals NHSFT Update</b></p> <p>There was an initial large decrease in domestic abuse disclosures followed by a 10 year high in June 2020. There has been an increase in complex self neglect cases, both individually and in couple households. There is currently a concern around alcohol dependent men, both those who have been supported and those who have died.</p>  <p>Safeguarding during COVID 04.08.20.pptx</p> <p>Three case studies were shared, all alcohol dependent and working age. All are complex cases requiring multi-agency involvement. They include anti social behaviour, a lack of desire to stop drinking, non-compliance around medication and faecal incontinence. It highlighted that accommodation providers will not take individuals with alcohol dependency issues that will not stop drinking, and that alcohol dependent wheelchair users cannot reside in temporary accommodation. HB suggested approaching SSAFA or another military charity for further assistance for veterans. KW advised of a veterans support group in Longlevens. A learning event is planned, chaired by SO'N, which will focus on gaps in provision. SJ suggested that this focus on the wider cohort, not just those who had died.</p>	
9.	<p><b>Gloucestershire Health and Care NHSFT Update</b></p> <p>GHC staff were redeployed to work in other areas as a result of the pandemic, however the Safeguarding Team were assessed as an essential service and not redeployed. They are now in the recovery phase. Face to face training has been put on hold and the Level 1, 2 and 3 packages have been reviewed. A discrepancy between mental health and physical health training has been found and this will be reviewed.</p> <p>The Gloucestershire Care Services and 2gether Advice Lines for Childrens and Adults amalgamated on 1<sup>st</sup> April. For Quarter 1 there were 106 referrals compared to 107 last year. Prevent requests to share information have increased for adults, but reduced for children (as they have not been in school). MAPPA Level 2 and 3 have continued virtually. MARAC information sharing has continued and in Quarter 1 information was shared on 311 families, compared to 276 last year. All reporting information is provided in the GHC Quarterly Dashboard.</p> <p>A large percentage of work continues to be remote.</p>	
10.	<p><b>Gloucestershire Constabulary Update</b></p> <p>Gloucestershire Constabulary utilised Business Continuity Plans early. Pre-emptive testing for remote working was carried out and the MASH established working from home protocols before lockdown, alongside a duty team, to enable them to continue delivering core functions. Due to agile working Gloucestershire Constabulary have been able to address the significant increase in Adult at Risk referrals. VISTS have increased by 58% during the Covid-19 period; over the last year there has been a 100% increase. As a result of the increased workload a</p>	

	<p>request has been made for the creation of an additional MASH Decision Maker post and increased admin capacity. As a result of lockdown a Vulnerability Safeguarding Team was created and they responded to reports of vulnerability, instead of frontline officers. This team has been stood down but can be remobilised should the need arise. Dedicated Covid-19 teams were created to assist where Covid risk of infection was evident, including in care home settings. MARAC are experiencing low staffing at present and have a backlog. AF advised that she had contacted them regarding a domestic abuse victim in mental health services and had received an immediate response; she felt the service on that occasion had been excellent.</p> <p>ACC Craig Holden covers Crime Command and Vulnerability and is focussing on Children's and Adult's vulnerability; Det Sup Arman Mathieson has been appointed as KD's successor. PY expressed his thanks to KD for her valued service and support, as this will be her last Board meeting.</p>	
11.	<p><b>Risk Register and Strategic Plan</b></p> <p>The Risk Register and Strategic Plan have not been updated since the pandemic. PY asked the group to consider if any new risks needed to be added. Both documents will be taken to the next Business Planning Group meeting in October for further discussion.</p> <p><b>Action: Feedback on the Strategic Plan and Risk Register to CB by Tuesday 25<sup>th</sup> August</b></p>	ALL
12.	<p><b>Cross Cutting Issues to follow up with GSCE</b></p> <p>No issues were raised.</p>	
13.	<p><b>Issues to be raised with NHS (South) QSG</b></p> <p>No issues were raised.</p>	
14.	<p><b>Any Other Business</b></p> <p>HB advised that there have been six deaths within the LD community as a result of Covid-19, once the reviews have been undertaken the findings will be shared with this group. The five Partnership Boards have met weekly throughout the pandemic and they have co-produced a paper. Local guidance has been produced and once finalised it will be shared.</p>	
	<p><b>Date of next meeting: Thursday 10<sup>th</sup> September, 10am</b></p>	