**Gloucestershire Safeguarding Adults Board (GSAB) Meeting**
**Thursday 7th September, 9:30am**
**Blaisdon Meeting Room, Shire Hall, Gloucester & MS Teams**

**MINUTES**

**Present:**

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| 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 |
| Adele Owen (AO) | Gloucestershire Action for Refugees and Asylum Seekers (GARAS) |
| Natalie Thelwell (NT) | Head of Housing and Communities, Gloucester City Homes |
| Lisa Walker (LW) | Service Manager, Gloucestershire Carers Hub |
| Clare Lucas (CL) | Healthwatch Gloucestershire |
| Keith Gerrard (KG) | Strategic Director and Strategic Lead for Safeguarding, Stroud District Council |
| Emily White (EW) | Director of Quality, Performance and Strategy, GCC |
| Erica March (EM) (Minutes) | Safeguarding Adults Administrator, GCC |
| Carolyn Bell (CB) | GSAB Business Manager, 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 |
| Jo Bridgeman (JB) | Representing Marion Andrews-Evans, NHS Gloucestershire ICB |
| Ann Thummler (AT) | Representing Hannah Williams, Gloucestershire Health and Care NHS Foundation Trust (GHC) |
| Holly Beaman (HB) | Lead Commissioner, Learning Disabilities & Physical Disabilities, GCC/ICB |
| Paul Gray (PG) | Team Manager, Safeguarding Adults, GCC |
| Danielle Vale (DV) | Community Manager, POhWER Advocacy |
| Nikki Smith (NS) | Quality Manager, Adult Social Care Operations, GCC |
| Alicia Wynn (AW) | Young Gloucestershire |
| Kate Spreadbury (KS) | Independent Reviewer, MM SAR |
| Elaine Cook (EC) | National Policing Vulnerability Knowledge and Practise Programme |
| Hugh Ellis (HE) | Safeguarding Adults Practitioner, GCC |

**Apologies:**

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| Vicky Livingston Thompson (VLT) | Chief Executive, Inclusion Gloucestershire |
| Marian Andrews Evans (MAE) | Executive Nurse & Quality Lead, NHS Gloucestershire ICB |
| Susan Hughes (SH) | Forest of Dean and Cotswold District Councils |
| Karl Gluck (KG) | Mental Health, Advocacy and Autism Commissioner, GCC/ICB |
| Matt Lennard (ML) | Chief Officer, Gloucestershire VCS Alliance |
| Sarah Scott (SS) | Executive Director Adult Social Care and Public Health, GCC |
| Steve O'Neil (SON) | Drugs and Alcohol Commissioner, GCC |
| Hannah Williams (HW) | Gloucestershire Health and Care NHS Foundation Trust |
| Mary Morgan (MM) | Programme Director Housing, Health and Care, GCC |
| Mark Scully (MS) | Probation Service |

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| **1.** | **1.1 Declarations of Interest:**<br>No declarations of interest were made. | |
| **2.** | **Minutes of the Last Meeting – 16/05/2023**<br>The minutes of the meeting held on 16/05/2023 were agreed as a true and accurate record. | |
| **3.** | **Matters Arising from 16/05/2023**<br>All matters arising are complete. | |
| **4.** | **Items from the Chair**<br>The next National Chairs Executive meeting takes place next week. The agenda includes:<br>• The draft copy of the National Chairs Annual Report, this will be finalised and will then be available for circulation.<br>• The Biannual SAB Chairs Survey which looks at governance, membership, sub groups and funding. This includes a comprehensive section on Safeguarding Adult Reviews, learning and development. It provides a good benchmarking opportunity.<br>• The second National Analysis of Safeguarding Adult Reviews, commissioned by Partners in Care and Health, with funding from the Department of Health and Social Care, through the Local Government Association. It will be looking at SAR's undertaken between April 2019 and March 2023. There are over 1,000 SARs to analyse, and learning will follow as a result of this.<br>Statutory partner Highlight Reports are included in the meeting papers for the first time, from November PY will also produce one. A standing item will be added on to the agenda of future meetings, to allow a brief discussion on these.<br>The next meeting for the South West SAB Chairs Group is on the 27th September, which PY Chairs.<br>**Action: CB to send EC the GSAB Police Highlight Report** | **CB** |
| **5.** | **MM SAR Report**<br>KS presented the MM SAR Report. MM died in January 2020 in Gloucester; he had a diagnosis of Huntingdon's Disease. It is estimated that 6.4 people per 100,000 have Huntington's, although the Huntington's Disease Association believe this is higher. However, this is still a small group of people; but who have a genetic predisposition within a family.<br>KS discussed the learning points and recommendations from the review and invited feedback.<br>• DV asked whether MM had an advocate, as this could have been beneficial in terms of his rights. KS advised that engaging MM was difficult, he had access to non-statutory advocacy through the Huntington's Disease Association. KS agreed that the perspective of an advocate could have been useful. PY agreed that having an advocate who is aware of their statutory rights is important. Relatives do not always have the same knowledge to truly represent them.<br>**Recommendations for GSAB:**<br>**10.1**<br>• PY advised that self-neglect is picked up by the Audit sub group. Self-neglect audits are conducted regularly as this is an ongoing issue.<br>**10.2** | |

- DP advised that the agencies involved in the SAR had reached out for awareness raising sessions. DP is taking this to the Fire Safety Development Group for their involvement. DP is also investigating whether they can go back and re-offer visits to referrals that did not go ahead.
- SB advised that there is a high turnover of staff within the constabulary and ongoing training is important.

**Recommendations for single organisations:**

**11.1**:

- PY said that a Speech and Language Therapist (SALT) could be beneficial; there are some good examples of this within LD. SALT can undertake a review and aid communication with other professionals. KS agreed and will add this into the report. PY also added that when diagnosed with a degenerative condition, a Care Co-ordinator should be allocated. This works well in LD cases and recommended that this needs to be included in the Huntington's pathway.
- AT said SALT was critical given how MM died and in terms of preventive care.
- JW discussed how assessments in general are shared with other professionals and carers. AT agreed that this needs to be built into the pathway for working with people with degenerative and Huntington's Disease. KS supported this and acknowledged there needs to be services that are always aware of them and sharing information throughout their Huntington's pathway.
- SB suggested that a checklist of basic needs could be produced.
- LW said that those in the individual's support network, including unpaid carers and advocacy providers needed to be included.
- SJ added that the more complex the condition, the more professionals are involved. As many need to be included as possible.

**11.2**:

- NS questioned who was meant by ASC and GHC mental health services specifically. KS explained that representatives from ASC and GHC mental health services were missing from the Huntington's Disease Project Group, and this would be up to individual agencies to allocate representatives.

**11.3:**

- JW questioned whether social prescribers could be involved, as well as the Enablement Team. KS explained that trust is important, it is having a known person that can work with individuals who are isolated.

**11.4 and 11.5:** No comments

**11.6:**

- SJ said executive functioning is difficult, it is a national problem with how people approach the Mental Capacity Act (MCA). There has been a regional thematic review of the MCA in SARs. EW and SJ have been working with the MCA Governance Manager and GCC Principal Social Worker regarding training.

**11.7:**

- PG advised that the new Single Point of Access (SPA) Team has been beneficial, providing more specialist oversight. The referral form now asks explicitly what the referrer is concerned about.
- DP said that their Community Safety Advisor's each carry out around 600-

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| | 1,000 visits per year, and they are asked to write up the visit within 24 hours in a person-centered way. There is no time for them to highlight the salient safeguarding factors.<br>• KS suggested adding a box on the form to highlight if there is an issue relating to the person's basic needs. DP is also considering adding a narrative box highlighting the one issue which most concerns the advisor. JW agreed that it was a human factors issue.<br>• HB said that there is a gap in people's understanding about neurological conditions generally and in this case Huntingdon's Disease. There is a new ICB Neurological Clinical Programme looking at pathways and is focusing on Huntingdon's as one of its first priorities. From a council perspective there is going to be a neurological programme set up as part of the Adult Transformation Programme, which will look at how best to support people with neurological conditions.<br>**11.8:**<br>• LW said that if there is a health condition or any additional needs, unpaid carers should be signposted to the Gloucestershire Carers Hub.<br>**11.9:**<br>• NS asked if 'GHC' should be replaced with 'ICB' in this recommendation, and AT agreed. KS confirmed that she will amend this.<br>**11.10:**<br>• No comments.<br><br>KS advised that she will update the report, based on the comments received and will also produce a seven-minute briefing.<br>PY updated that due to the hereditary nature of the condition and as MM and his family are potentially identifiable, the report will not be published. The report will be shared with the partnership but will not be placed on the GSAB website. The Board agreed with this decision. PY thanked KS for conducting the review and confirmed that the recommendations will now be taken forward. | |
| **6.** | **GCC Single Point of Access (SAP) Team**<br><br>Single Point of Access - first 4 weeks<br><br>SJ provided an update on the GCC Single Point of Access (SPA) Team, which has been operational for four weeks. Overtime there had been an increase in referrals that were not safeguarding, often they were welfare concerns or required a Care Needs Assessment. This led to the practitioner's being overwhelmed and meant they were not able to give their full attention to actual safeguarding concerns. The GCC Adult Helpdesk were screening referrals, so the safeguarding team did not know what they had deemed as not for safeguarding.<br><br>Safeguarding referrals from professionals now go directly to the SPA Team for triage, via the portal. Feedback is being sent for each referral, so over time referrals should become more appropriate. Currently 72% of referrals are through the portal. Feedback from those using the portal has been positive, with professionals reporting that it is easy to use and is available 24/7, which is beneficial for care homes. Not all agencies use the portal, these include NHS 111, SWAST and CQC. This will be reviewed over time. | |

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| | • PY suggested sending an update on the SPA to professionals via a newsletter. KG agreed that it would facilitate learning, by providing those referring in with a better understanding.<br>• EW asked whether the police were using the portal. PG and SB advised that they still email referrals. This is a resource issue; police officers complete the information on their devices, which is converted into an email and sent to the MASH. The MASH would have to convert the email into a portal submission and the time this takes is not viable. | |
| **7.** | **CQC Assurance Update**<br>EW updated that CQC are currently piloting their new regulatory assurance processes. This is the new statutory duty to regulate Adult Social Care and Integrated Care Systems (ICS) which commenced on 1st April 2023. CQC are currently piloting in Birmingham, Lincolnshire, Nottingham City and Suffolk County Councils. Birmingham, Solihull and Dorset are the ICS Pilots. The Local Authority (LA) pilot is due to finish this month and then there will be a pause to look at the findings and test out methodologies. There will then be a discussion with the Department of Health and Social Care and the Minister, so no regulatory activity is anticipated before Christmas. The assumption is they will start on their first twenty LA's in January 2024. There is no indication of when Gloucestershire will be selected, but nine weeks' notice will be given.<br><br>CQC are predominantly focusing on front line practice. In preparation for this, GCC have spent nine months developing a self-assessment. This has been submitted to the Local Government Association (LGA) and they have been invited to undertake a peer review.<br>The LGA has been asked to validate the self-assessment, looking at the quality of it and if anything has been missed. In addition to this, areas for improvement have been highlighted and the LGA asked to focus on these. These include early intervention, community engagement and market management. The council is low in terms of spend on adult social care nationally. The LGA Peer Review will take place week commencing 18th September.<br>• SJ asked about the rating and EW advised that CQC will be providing worded ratings similar to OFSTED. GCC has rated itself as Requires Improvement.<br>• PY asked about the LGA Peer Review findings. EW advised the findings presentation will be recorded and made available. It is expected that the full report will be received four weeks later.<br>**Actions: CB to add LGA Peer Review Findings to the November Agenda** | **CB** |
| **8.** | **White Ribbon Initiative**<br>SJ explained that GCC has recently been accredited (see presentation below).<br>White Ribbon Presentation.pptx<br>The White Ribbon Initiative is a charity that specifically focuses on ending violence against women and girls by men. It looks at addressing the root causes and raising awareness of what constitutes violence and the link between dominant masculine norms, gender inequality and violence against women. It is a preventative approach. One in five women are the victim of sexual assault (or attempted assault) in their lifetime, and over 27% of women have experienced | |

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| | domestic abuse since the age of 16.<br>The initiative comes from the perspective that change should be male driven. There are male Ambassadors and female Champions. The aim is for the initiative to become embedded within the workplace. SJ explained why it can help an organisation.<br>• SB agreed that everyone needs to be involved in this, not just the police, as it helps to raise awareness.<br>• KG asked about communications information, SJ advised that Adam Barnes in the GCC Communications Team is leading on this and is currently in the planning stage. KG advised this could also be shared with the Gloucestershire Homes and Communities Partnership to further raise awareness. | |
| **9.** | **Cross Cutting Issues to follow up with GSCP**<br>SB updated that the Children's Executive sat on Tuesday 5th September and Andy Dempsey, Director of Partnerships & Strategy, GCC Childrens Services discussed creating a Transition Sub Group. PY was in agreement with this and hoped it could be implemented soon. | |
| **10.** | **Cross Cutting Issues to be raised with NHS (South) QSG**<br>None. | |
| **11.** | **Any other Business**<br>None. | |
| | **Date of next meeting: Thursday 23rd November at 9.30am via MS Teams** | |