

Gloucestershire Safeguarding Adults Board (GSAB) Meeting

Tuesday 26th November 2024, 9:30am

Virtual Meeting Via MS Teams

MINUTES

Present:

Paul Yeatman (Chair) (PY)	Independent Chair, GSAB
Sarah Jasper (SJ)	Head of Safeguarding Adults, GCC
Rich Pegler (RP)	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
Clare Lucas (CL)	Healthwatch Gloucestershire
Jonathan Newman (JN)	Named Nurse for Adult Safeguarding, GHC
Lerryn Udy (LU)	Head of Safeguarding, SWAST
Adele Owen (AO)	GARAS
Debbie Powell (DP)	Safer Gloucestershire Co-ordinator
Andrew Cotterill (AC)	Autism Partnership Board Chair
Caroline Lucas-Mouat (CLM)	Strategic Housing Lead (Domestic Abuse)
Karen Slater (KS)	Gloucester City Homes
Jan Marriott (JM)	Partnership Boards Lead
Steve Miles (SM)	Stroud District Council
Sarah Newman (SN)	Safeguarding Adults Team, GCC
Olivia Underhill (OU)	Cheltenham Borough Homes
Pam Evans (PE)	Treasure Seekers
Paul Tyrell (PT)	Inclusion Gloucestershire
Wendy Wall (WW)	Learning Disability Partnership Board Co-Chair
Claire Proctor (CP)	Assistant Director of Prevention, Public Health, GCC

Apologies:

Steve Bean (SB)	Head of Public Protection, Gloucestershire Constabulary
Nina Kane (NK)	Probation Service
Marie Crofts (MC)	Chief Nursing Officer, NHS Gloucestershire ICB
Sarah Scott (SS)	Executive Director Adult Social Care and Public Health, GCC
Vicky Livingstone-Thompson (VLT)	Chief Executive, Inclusion Gloucestershire
Susan Hughes (SH)	Forest of Dean and Cotswold District Councils
Jason Poole (JP)	Trading Standards
Karl Gluck (KG)	Mental Health, Advocacy and Autism Commissioner, GCC/ICB
Craig Tucker (CT)	Kingfisher Treasure Seekers
Jessica John (JJ)	Designated Safeguarding Lead, Young Gloucestershire
Lisa Walker (LW)	Service Manager, Gloucestershire Carers Hub
Amanda Wray (AW)	Safeguarding Manager, Cheltenham Borough Homes
Hannah Williams (HW)	Deputy Director of Nursing Therapy and Quality, GHC
Cllr Carole Allaway-Martin (CAM)	Cabinet Member for Adult Social Care
Steve O'Neill (SON)	Drug and Alcohol Commissioner, GCC

		Owner
1	Declarations of Interest: No declarations of interest were made.	
2	Minutes of the Last Meeting The minutes of the meeting held on 10/09/2024 were agreed as a true and accurate record.	
3	Matters Arising from 10/09/2024 All matters arising are complete.	
4	Items from the Chair Conversations took place over the summer regarding funding for the new Deputy Business Manager post; responses are still awaited. However, the post will be advertised in the new year, as a vacant post is being utilised to create this. The Independent Chair position will also be advertised imminently. The GSAB Strategic Plan is due to end in April 2025, but the Board agreed to extend it by one year, to allow the new Chair time to become established in post. The findings of the Second National SAR Analysis are being taken forward by the National SAB Chairs Network, the Business Managers Network and local Boards. Initially this will be progressed through the GSAB SAR sub group. An Extraordinary GSAB meeting is being held on 04/12/24, this is in relation to the learning from the EP SAR. A Homeless Deaths Rapid Review is taking place on 10/12/24. The National Chair's Executive met last week, they have been asked to provide some safeguarding priorities by the Government, a national PIPOT (People in Positions of Trust) system or organisational abuse have initially been suggested. Adult Safeguarding Powers of Entry are being discussed, along with plans to revise the guidance on Out of Area Placements.	
5	Statutory Partner Highlight Reports JM said there were cross cutting themes across the different Boards. Having a group made up of Chairs from the various Boards was suggested as a way of improving communication, sharing themes and learning. EW would support this. JN updated that adult safeguarding supervision at GHC is being relaunched in January, allowing staff to book onto weekly sessions, this model will be monitored and reviewed. The Safeguarding Return to NHSE is now being sent directly from GHT and GHC, rather than through the ICB. The content was not thought to be relevant for Board members. RP updated that the Police do not capture data relating specifically to those with care and support needs, only vulnerable adults. Around 700-800 VISTs a month are raised, 300 are passed to partners and about 90 go to the GCC Safeguarding Adults Team. DP has started to screen safeguarding referrals more robustly. GFRS are looking at Key Performance Indicators and a Safeguarding KPI will be created. LU updated on the changes to SWAST following the recruitment of additional staff. SWAST data can be provided if beneficial. PY and SJ advised that Gloucestershire is considered an outlier in respect of the number of safeguarding concerns that are reported. There are several reasons for this, including that partners are good at screening prior to submitting referrals. Somerset have a similar process, with a central team, and have comparable numbers. There is no evidence that people are not being protected on a wider scale. If everything was counted that is referred into the Single Point	

	of Access Team then numbers would be much higher, but the conversion rate lower. The guidance is adhered to on what represents a safeguarding concern.	
6	<p>Safer Gloucestershire Update</p> <p>DP provided the update.</p> <ul style="list-style-type: none"> Community Safety Partnerships (CSPs) are statutory partnerships which were introduced under the Crime and Disorder Act 1998. The Act introduced a duty on key public sector organisations to work together to make local areas safer. It gave a statutory basis to the concept that local multi-agency partnership working was key to preventing and reducing crime. CSPs play an important role in the local response to crime and Anti-Social Behaviour, with many evolving effective new practices to meet new challenges and competing priorities. CSPs are required to formulate and implement strategies to: <ul style="list-style-type: none"> Reduce crime and disorder (including Anti-Social Behaviour and other behaviour adversely affecting the local environment) Combat the misuse of drugs, alcohol, and other substances Reduce re-offending Prevent people from becoming involved in serious violence and reduce instances of serious violence Links to Safeguarding include: <ul style="list-style-type: none"> Anti-Social behaviour Prevent agenda Serious Violence Duty Combatting Drugs Partnership Reducing Re-offending Domestic Abuse Related Death Review (DARDR formally Domestic Homicide Reviews) SOM reiterated the impact on health for the individual and the communities they live in. <p>Action: PY to contact other local Board Chairs regarding meeting to discuss themes and learning</p>	PY
7	<p>Health and Wellbeing Board Update</p> <p>CP provided the update.</p> <ul style="list-style-type: none"> This is a forum where political, clinical, professional and community leaders from across the health and care system come together to improve the health and wellbeing of the local population and reduce health inequalities. The Health and Care Act 2022 required all Integrated Care Systems to establish Integrated Care Partnerships (ICP) to bring together partners to develop a health and care strategy. Where possible this has been 	

	<p>aligned with the Health and Wellbeing Board, to minimise duplication and maximise opportunities for collaboration.</p> <ul style="list-style-type: none"> • The seven strategic priorities are: <ul style="list-style-type: none"> ○ Early Years and Best Start in Life ○ Adverse Childhood Experiences ○ Mental Wellbeing ○ Housing and health ○ Physical activity ○ Healthy Lifestyles with a focus on healthy weight ○ Loneliness and social isolation. • The Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and buying of health, wellbeing and social care services. • More information can be found at Health and Wellbeing Inform Gloucestershire 	
8	<p>Partnership Boards and Collaborative Partnership Board Update</p> <p>JM provided the update.</p> <ul style="list-style-type: none"> • There are six Partnership Boards: <ul style="list-style-type: none"> ○ Autism (Neurodivergence) ○ (Unpaid) Carers ○ Learning Disabilities ○ Mental Health and Wellbeing ○ Physical Disabilities and Sensory Impairments ○ Collaborative • All of the Partnership Boards are co-produced. A Co-Production Charter is being developed in the county. • Increasingly, they are seeing many issues that cut across the different partnership boards, so closer working is a must to maximise beneficial outcomes. • The Collaborative Partnership Board was formed as a result of Covid-19, to provide a voice for those with lived experience. The priorities are: <ul style="list-style-type: none"> ○ Healthcare ○ Co-Production ○ Place to escalate issues collectively for a resolution • There is no Older Age Partnership Board currently, there are plans to create one. • LU advised that SWAST have appointed a new Learning Disabilities and Vulnerabilities Lead. 	
9	<p>Learning Disability Partnership Board Update</p> <p>PT and WW provided the update.</p> <ul style="list-style-type: none"> • WW and JM Co-Chair the Board. It focuses on what is important for people in the community. • The Board has helped to make a leaflet, with the Employment and Skills Hub, so people with a Learning Disability know where to get help. They also lobbied to keep train ticket offices open. 	

	<ul style="list-style-type: none"> • The Top Four Priorities for the Board are: <ul style="list-style-type: none"> ○ Relationships and Friendships ○ Changing Attitudes (Better understanding of invisible disabilities) ○ Transport ○ Feeling Safe (Hate Crime) 	
10	<p>Autism Partnership Board Update</p> <p>AC Chairs the Board and provided the update.</p> <ul style="list-style-type: none"> • The themes of the All-Age Autism Strategy are: <ul style="list-style-type: none"> ○ Improving understanding and acceptance of autism within society ○ Improving autistic children and young people's access to education, and supporting positive transitions into adulthood ○ Supporting more autistic people into employment ○ Tackling health and care inequalities for autistic people ○ Building the right support in the community and supporting people in inpatient care ○ Improving support within the criminal and youth justice systems • A quarterly Newsletter is produced; the aim is to create a joint Partnership Board version in the future. 	
11	<p>Mental Health Partnership Board Update</p> <p>JM provided the update.</p> <ul style="list-style-type: none"> • There is an All-Age Mental Health and Wellbeing Strategy for Gloucestershire, so every resident of Gloucestershire can enjoy the best possible mental health and wellbeing throughout the course of their life. • The priorities include: <ul style="list-style-type: none"> ○ Focus on the wider factors of mental wellbeing ○ Earlier intervention ○ Better mental health crisis support ○ Improve the wellbeing of parents, children and young people ○ Joined up approaches to reducing suicide ○ Focus on recovery and resilience • Key safeguarding issues include: safe housing, better responses to people in distress/crisis, health inequalities and gaps in advocacy. 	
12	<p>Rough Sleeper Initiative</p> <p>CLM provided the update.</p> <ul style="list-style-type: none"> • Gloucestershire receives around £3 million to deliver a programme of rough sleeping interventions. Gloucestershire Housing Partnership manage the programme on behalf of all districts. • The RS Snapshot Count, is an independently verified count, estimating the number of people rough sleeping on a single night between 1 October and 30 November each year. In 2023 this was 31. • The Women's Rough Sleeping Census uses a different definition of rough sleeping. It recognises that women's homelessness is intermittent and transitory, women move around whilst rough sleeping, because staying in one place is not safe, and women exhaust all options so may have somewhere safe to stay one night and not the next. In 2023 services in Gloucestershire were aware of 76 women who experienced rough 	

	<p>sleeping between July and September of that year. In 2024, it was 91, and 57% of those women were known by multiple services.</p> <ul style="list-style-type: none"> • Rough Sleeper Outreach Support locate rough sleepers via hot-spot searches and Streetlink referrals. • The Complex Homelessness Partnership Support Service (CHPSS) has been developed to overcome barriers for rough sleepers to access support with mental health, adult social care and substance use needs and to enable access to sustainable housing options. • A Trauma Passport, similar to the LD Passport, would prevent re-traumatisation by removing the need to repeat information to multiple services. • CLM agreed to attend future meetings, as the Rough Sleeper Board member, until a new Partnership Manager for the Housing Partnership is in post. • JW raised that they have hospital discharge issues for those with high support needs. There is also a need for accessible accommodation. EW agreed that accessible support and housing for people with a physical disability and experiencing homelessness needs further exploration. 	
13	<p>Cross Cutting Issues to follow up with GSCP</p> <p>JW raised the issue of young people transitioning, who have high needs, require accommodation and are often care leavers.</p> <p>PR raised concerns about the number of 18-25-year-olds being placed in county by other local authorities, as there is then a lack of visibility.</p> <p>SOM agreed that there are concerns about transitions, there have been inappropriate placements, including CHC funded, and there are issues with obtaining support and having suitable accommodation.</p> <p>SJ said that placing authorities are not compelled to advise when they place in another area, so options for resolving this are limited.</p>	
14	<p>Issues to be raised with NHS (South) QSG</p> <p>None reported.</p>	
15	<p>Any Other Business</p> <p>AO raised the new eVisa; those who are vulnerable may not be accessing the support needed. A mobile phone is required, along with IT skills.</p>	
	<p>Date of Next Meeting: Tuesday 25th February 2025</p>	