

North Somerset Safeguarding Adults Board



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All Board members are covered by their organisation's indemnity insurance, this is with the exception of lay members. Please note that whilst we value the opinions and professional judgement of our lay members they are exempt from taking any decisions arising from the Boards and its sub-groups.

MINUTES/ACTIONS

Date of Meeting	08 December 2020
Venue	Microsoft Teams
Chair	Tony Oliver, Chair
Minutes	Lucy Teteris, Safeguarding Boards Co-ordinator

Agency	Membership	Attendance
Alliance Homes	Liz Griffiths	Attending
Avon Fire and Rescue	Nikki Rice	Attending
Avon and Somerset Police	Jess Aston	Apologies
Avon and Somerset Police	Victoria Caple	Attending
AWP	Lynne Franklin	Apologies
BNSSG CCG	Paulette Nuttal	Attending
Care Home Provider Rep	Vacant	N/a
CQC Rep (to attend yearly)	Sue Burn	N/a
DWP	Hamish Robertson	Attending
Housing Provider: Curo Group Ltd	Andrew Snee/Louise Newbutt	
Housing Provider: Anchor Hanover Group		
LSAB Chair	Tony Oliver	Attending
LSAB Deputy	Delyth Lloyd Evans	Attending
Marie Curie	Lisa Yarwood	Attending
National Probation Service	Liz Spencer/Paul Griffiths	Attending
North Somerset Council, Executive Member	Cllr Mike Bell	
North Somerset Council, Adult Support and Safeguarding	Hayley Verrico	Attending until 4.00

North Somerset Council, Strategy, Commissioning and Quality Assurance	Gerald Hunt	Attending
North Somerset Council, Service Leader, Strategic Safeguarding and Quality Assurance	Jo Baker	Attending
North Somerset Council, Safeguarding Adult Manager	James Wright	Attending
North Somerset Council, Service Leader, Safeguarding Boards Co-ordinator	Lucy Teteris	Attending
North Somerset Council, Trading Standards	Helen Heskins	Attending until 4.00
Public Health	VACANT	N/a
SafeLink	Jayne Whittlestone	Attending
Sirona Care and Health	Jos Grimwood	Attending
UHB&W	Debra Parsons	Attending
We Are With You	Julie Harper	Attending
Attending as a matter of exception or to present to the Board		
NHS England and NHS Improvement SW	Faye Kamara	N/a
NHS England and NHS Improvement SW	Rosie Luce	Attending
Healthwatch North Somerset	Cirlei Ioris for Item 2	Attending
Senior Business Intelligence Analyst	Abby Murphy	Attending

Agenda Item 1: Introductions and apologies
Presenting: Tony Oliver, Chair
Discussion/Challenge:

The completed attendance sheet will be uploaded with the minutes. **Action**

TO welcomed everyone and introductions were made.

Agenda Item 2: Declarations of conflict of interest and items of AOB
Presenting: Tony Oliver
Discussion/Challenge:

- (i) There were no declarations of conflict of interest.
- (ii) There were two items of AOB raised:
 - Scams: it was agreed that this would be updated via VC's Covid-19 multi-agency update and Helen Heskins, Trading Standards to give more detailed information.
 - Presentation on gambling by Gam Care. This was raised by PN who attend the Safeguarding Adults National Network. The presentation is available to download:
LINK: [Gam Aware](#)

Agenda Item 3: Presentation: Healthwatch North Somerset: summary of survey- mental health issues and addiction
Presenting: Cirlei Ioris, Healthwatch
Discussion/Challenge:

CI shared her presentation. This is uploaded with the minutes: LINK: [Mental health and addiction](#)

Board members asked the following:
TO raised transitions and Adverse Child Experiences (ACE) and addiction not being seen as a qualifying problem under the Care Act.

JH, from We are With You, assured the Board that their partnership with Social Services has improved as well as their partnership with mental health services. The report has yet to be signed off so she was unable to comment on the presentation.

TO felt that the presentation would be an ideal document to consider at the Development Day in January and that the Board pride's itself on being "preventative". It was noted that CI's report is more informed and once it has been published it will be circulated to the Board. **Action.**

DLE noted that the survey was based on a relatively small number of people but it reflected that GPs are not listening and access to services is difficult. She questioned whether if this was translated to a larger number would this mean a massive issue. CI confirmed that it will be interesting to get stakeholder and service provider responses. Discussion around GPs "closing the door" to service users who have addictions; mental health is linked to addiction and vice versa. Service users having to go through reception and talk to them about their problems before they can get through to a GP.

DLE asked how this report will be shared with GPs. CI confirmed that the report will be shared with health boards and a list of providers including AWP.

HV noted that it is her understanding, in terms of AWP, they won't engage or assess an individual if they have an addiction or that mental health problem is the primary concern. This is not a social care need.

HV attends the BNSSGG CCG Mental Health Programme Board. A plan for £12 million funding, is due to be submitted by 20 January on the development of mental health services for older people. She noted that the plan does not include personality disorder, people transitioning from young people services to adults or ACEs. The plan will influence the strategic direction for mental health services for years to come and felt that the Mental Health Programme Board should have sight of CI's report. It was agreed that CI will get permission to share her report with Jo Walker, CEO, NSC. **Action**

DP asked whether there was any validation when people stated that they felt unsupported. The Acute Trust's experience is that they very often offer mental health support but because of the level of addiction it is hard to engage. CI confirmed that service users talk about their perception and that there is a lot of confusion around mental health services; not knowing the mental health pathway to support and issues engaging with people. She gave as an example, people who are homeless, using drugs as the only comfort they have.

Actions:

- TO to invite CI and JH (We are With You) to do a joint presentation;
- Consider the development of a local action plan around mental health and addictions
- CI to share her report with Jo Walker, before it is formally launched.

Agenda Item 4:	Update on COVID-19 multi-agency safeguarding forum
Presenting:	Victoria Caple
Discussion/Challenge:	

VC gave an update on the Covid-19 multi-agency safeguarding adults' forum that she chairs. The link to the key areas of discussion held on 1 December was provided with the agenda.

VC has sent out an email to members of both the children and adult forums to ask whether there was still a benefit to these meetings, as it has felt like "business as usual" for some time with the pandemic here to stay for a while yet. The groups were in agreement to stand down these

meetings. VC, however, reserved the right to reinstate these meetings if necessary, even if it is a task and finish group, therefore last Tuesday's meeting was the last. Highlights were as follows:

- Scams: VC took an action to contact Helen Heskins, Trading Standards to see what was happening across North Somerset. Helen has assured her that the risk is being managed and issues are being dealt with. For the police there is not a huge increase, but VC noted that she is aware the police isn't necessarily the first place victims will go
- Presentation from Helen Yeo from Public Health on how to support yourself and colleagues. Links to resources are included in Helen's presentation which is uploaded on the key messages. **LINK:** [Supporting workforce mental health](#)
- VC noted that she has stood down the forum, not because there is no longer any pressure but because issues are being addressed elsewhere
- Increase in reporting of pressure sores.
- Vaccinations: decision making framework, the vaccination programme is the same process as the flu.
- Transitions: The current CSPR highlights issue around transitions quite well. There will be learning for the LSAB as well as the NSSCP.
- Spice: there is a resurgence of the use of Spice as prescription drugs such as Xanax are not so easy to get hold.
- Hospitals and health care settings are under considerable pressure.

There was further discussion around scams and HS gave further detail around publicising awareness of scams. In January there will be an article in local papers about several cases of elderly people being scammed; scammers using obituary columns to target the recently bereaved; isolation of people, particularly this year, more likely to hide their losses; which impacts on their isolation, mental health and physical health. HH wanted to note her thanks to a particular PCSO.

TO asked what links re scams does HH have with the judiciary. An example of someone committing a serious scam which also was a second offence avoided a prison sentence. VC raised the possibility of using "Victims right to Review" as a process.

Agenda Item 4: Minutes of last meeting (08 September) and matters arising
Presenting: Tony Oliver
Discussion/Challenge:

The minutes were agreed as an accurate record and signed off by the Board. There was one amendment: LT to change WAHT to UHB&W on the attendance list. **Action.**

TO went through the outstanding actions which were either complete, agenda items or updated below:

SWAST data: TO was tasked with an action to collate data on concerns and conversions on SWAST data. This has been expanded across the South West region. Data is currently being sent to TO. He noted that reporting concerns has increased dramatically but Section 42 referrals are low in comparison. He will report back to the Board when the data has been properly analysed.

Agenda Item 6: Standing agenda items:
Presenting: As below
Discussion/Challenge:

6 (i) Boards risk register (TO) LT to add page numbers. Action.

Risk no. 2: Shrinking resources: reduced overall risk amended. Retain. NFA.

Risk no. 3: LPS: open action for June Board. This to be greyed out until June 2021. **Action**

Risk no. 4: Medication Errors: DLE asked whether the description of this risk was correct, specifically around Boots. TO confirmed that Boots was the first pharmacy to move away from Dosette Boxes. GH gave an update. There has been more impact on these changes with domiciliary care than care homes. It has been “flagged” the amount of time coordinators are spending, this is not leading to errors, but it is impacting on front line delivery due to the amount of work having to be quality assured. **Actions:**

- GH to give a brief summary to include on the risk register.
- Kathryn Needham to feedback to March Board

Risk no. 5: Recruitment and Retention in Care homes/providers/dom care agencies. DLE asked that with the changes with the EU is there anything more we need to be alerted to? GH noted that the biggest concern is around delays on medication and other medical equipment which could impact on the care sector. It was agreed that the risk rating was correct.

TO noted that in South Glos, they have comprehensive risk around a “no-deal” Brexit. TO will forward to GH for him to read and if he agrees with it will copy onto our risk register. **Action.**

Risk no. 6: Covid-19: This is not graded as the risk is changing daily.

HR from DWP raised an identified risk for DWP: as a result of the pandemic, the loss of jobs and the recession the number of people claiming Universal Credit has rocketed, a 39% increase in August across the South West which equates to an additional 5,000 households in North Somerset claiming benefits. The effect and associated problems: drug, alcohol, financial, domestic problems, of the change of status of these people is likely to filter into the demand of services that Board members provide.

TO asked the Board for their initial thoughts.

There was discussion around whether the Board was the right forum to monitor this risk. It was agreed that the Health and Wellbeing Board was more appropriate.

DLE thanked HR for bringing it to the attention of the Board and agreed that the Health and Wellbeing Board needed to be made aware of this risk. **Action.**

TO agreed and explained to HR the statutory obligations of the Safeguarding Board under the Care Act. He asked HR if he was happy for TO to share HR’s data with the Health and Wellbeing Board and ask for them to update the Safeguarding Adults Board within six to nine months.

Action.

6 (ii) LSAB Sub-Group Chairs summary (03.11.20): TO chaired in JB’s absence. TO noted that the minutes were circulated with the agenda. He highlighted the following:

- Homelessness: work is ongoing
- Police data is currently not accurate and therefore not being circulated until the problem is resolved. AM confirmed that she and KB (from CCG) met recently and are confident they are able to provide sufficient data from existing sources.

DLE asked that abbreviations are not used. **Action.** She also asked TO for an update on the Good Practice Forum. TO has tried to contact West Berkshire Forum but has been unsuccessful. He will close this action at the next Sub-Group Chairs meeting.

6 (iii) Performance data: Abby Murphy presented Q2 data. This is circulated with the minutes. **Action.**

She highlighted the rise of concerns on:

- Domestic abuse

- Self neglect
- Emotional and psychological neglect

HV asked AM the actual number of concerns raised on domestic abuse. AM will email HV.

Action.

Discussion around the activity of the Quality Assurance and Performance sub-group and topics for audit.

- With South Glos to look at repeat concerns (over a two year period)
- Audit around self-neglect protocol
- To ensure planned areas of focus for each quarter

TO noted that NS will work with South Glos to learn from each other, not duplicate audits and an opportunity to make savings.

Also raised and discussed:

- Outcomes – top line duty to enquire and what we do with other enquiries below it.
- Change in conversion rates – 10% drop: Q&P sub group to look at why. **Action**
- Care homes: AM will keep an eye on conversion rates. **Action.**
JB noted the need to look at the quality and appropriateness of referrals raised. She also noted that the local authority carry out monthly audits on referrals and Section 42 decisions.
- Sexual Exploitation is shown as 0%. AM suggested that she can show this figure as 0.? %. This will be discussed further. **Action.** DP agreed and also included Modern Slavery and that it should be represented on data.

DLE asked for the data scorecard ahead of the meeting. **Action**

She also asked if there was any follow-up on referrals into other agencies, for example charities and how they may have been struggling through the pandemic. JW confirmed that the referrals are made and the majority of cases closed. He agreed it would be a worthwhile task to look at these as well as repeat referrals. **Action.**

6 (iv) Senior Management Review within the local authority

HV explained that there had been a senior management review over the summer by an external consultancy with the outcome in late October. A recommendation was made that the People and Communities Directorate disaggregate in recognition of the adults' agenda growing substantially and the future impact of Covid. The Directorate has broken up to Adult Social Care; Children Social Care with Housing and Contracts and Commissioning currently under review. Sheila Smith is Director of Children Social Care and managing Housing in the interim; Hayley is interim Director of Adult Support and Safeguarding and managing contracts and commissioning. The LGA is reviewing the contracts and commissioning functions to see whether any change is needed. The consultation is ongoing for the rest of December with recommendations presented by mid-January.

The above has had a knock-on impact for the need to review the adult safeguarding and support services. She wants to look at service leader capacity and refocus on a preventative agenda. Safeguarding activity has considerably grown over the last three to four years so staffing needs to be reviewed. The interim Director post will be advertised externally in February/March, but meanwhile HV wants to look at services to better align prevention and manage the increase in safeguarding.

Agenda Item 7: Policies:
Presenting: As below
Discussion/Challenge:

- LSAB Handbook. This includes and application process. The following amendments were noted:
 - Clarify role of independent member
 - Caveat to be included around indemnity insurance
 - Link to constitution to be included once the constitution has been updated by the P&P sub-group in the New Year.Subject to the above the Board agreed to sign this off. **Action**
- PiPOT: JB clarified that we have a South West overarching framework but a local one still needs to be developed. It would be good to have a A&S footprint protocol as the police are a key partner. A task and finish group to include Bristol, Somerset, South, Glos and BANES to be formed. JB will link in with Victoria Caple. **Action**
- Organisational Abuse Protocol. This will be reviewed and updated by the P&P sub-group in January to be presented to Board in March for sign-off. Strategic oversight needs to be reviewed. The independent Chair will be notified when a whole home investigation in NS takes place.

Agenda Item 8: Annual report:
Presenting: TO
Discussion/Challenge:

TO thanked everyone for their contributions. This was signed-off. The report is uploaded and available on the website: LINK: [LSAB annual report 2019-20](#) LT to circulate the link as necessary. **Action**

Agenda Item 9: Development Day and Business Planning
Presenting: Tony Oliver
Discussion/Challenge:

This is taking place on Monday 18 January. The sub-group Chairs will attend to produce a business plan for the next three years. The document from Michael Preston-Shoot around national learning from SARs will be used.

It was agreed to hold a separate session for both sub-group chairs and Board members with Cirlei's updated mental health presentation. **Action.**

Agenda Item 9: Key messages
Presenting: Tony Oliver
Discussion/Challenge:

The board to consider the development of the recommendations within the mental health presentation

Agenda Item 10: AOB
 Presenting:
 Discussion/Challenge:

PN who is a member of the Safeguarding Adults National Network for Designated Safeguarding Adults Professionals let the Board know about a presentation from Gam Care. **This is uploaded with the minutes.** The organisation is offering free training sessions and support in our area.

Next Meeting: 17 March 2020 @ 2.00pm, Microsoft Teams

ACTION LOG

		Lead	Date
Item 3	TO to invite CI and JH (We are With You) to do a joint presentation;	LT	March
	Consider the development of a local action plan around mental health and addictions	TO	Jan
	CI to share her report with Jo Walker, before it is formally launched.	CI	Dec/Jan
Item 4	Amendment to minutes: WAHT to be changed to UBHW	LT	Dec
Item 6	Risk Register: amendments to be made as per minutes.	LT/GH	Dec
	To to contact H&W Board re DWP risk	TO	Dec
	Feedback from H&W Board to LSAB within 6 to 9 months.	TO/LT	June/Sep
	DLE asked for abbreviations not to be used.	LT	ongoing
Performance Data	AM will email HV re number of concerns raised on DA.	AM	Jan
	Q&P sub-group to look at change of conversion rates.	JB	March
	Care Homes – monitor data	AB	March
	Sexual Exploitation and Modern Slavery to show percentage in more detail.	AB	March
	Data scorecard to be circulated prior to meeting.	AB/LT	March
	Referrals into other organisations and repeat referrals to be audited.	JW/JB	March
Item 7	LSAB Handbook to be amended and uploaded onto website.	JW/LT	Dec
	PIPOT: JB and VC to progress	JB/VC	Jan
Item 8	Annual Report: upload onto website and circulate.	LT	Jan
Item 10	Arrange separate development day for mental health presentation	LT	March