



BATH & NORTH EAST SOMERSET LOCAL SAFEGUARDING ADULTS BOARD

MINUTES OF MEETING HELD ON

**Tuesday 26th September 2017
2pm – 5pm**

Venue: The Banqueting Room, Guildhall

Those Present

Reg Pengelly – B&NES LSAB Independent Chair
Robert Lake - Chair of B&NES LSAB/LSCB (designate)
Lesley Hutchinson – Head of Safeguarding Adults and Quality Assurance, B&NES Council
Dami Howard – LSCB/LSAB Business Support Manager, B&NES Council
Mike Bowden – Strategic Director, People & Communities Dept, B&NES Council
Helen Wakeling – Safeguarding Lead for Adults & Quality Assurance, B&NES Council
Karyn Yee-King – Principal Social Worker Mental Health, B&NES Council
Cllr Vic Pritchard – Cabinet Member for Adult Social Care & Health, B&NES Council
Sonia Hutchison – CEO, Carers Centre B&NES (+ Vice-Chair)
Amanda Cranston – B&NES LSAB Lay Member
Marjorie Stephinson – B&NES LSAB Lay Member
Val Janson – Deputy Director of Nursing & Quality, NHS BaNES CCG
Debbie Patten – Head of Learning Disabilities & Complex Needs, Virgin Care B&NES Area
Geoff Watson – Principal Social Worker, Community Health & Care Services, Virgin Care
B&NES Area
Charlie Leason – Avon & Somerset Contabulary: Safeguarding Co-ordination Unit Manager
(Northern)
Debra Harrison – Senior Nurse Adult Safeguarding, RUH NHS FT
Sarah Jeeves – Adult Safeguarding & QA Nurse for Funded Health Care, NHS BaNES CCG
Lisa Harvey – Director of Nursing & Quality NHS BaNES CCG
Pam Dunn – Operations Director, Care Watch Bath & North East Somerset
Theresa Hallett – Student Welfare Manager, City of Bath College (on behalf of Jayne Davis)
Barrie FitzPatrick – Safeguarding Adults & Quality Assurance Team Manager B&NES Council
June Thompson - Specialist Practitioner Adult safeguarding RUH
Sarah Shatwell – Operations Director, Developing Health & Independence (and Advocate on
behalf of the Voluntary Sector Providers)
Roanne Wootton – Partnerships Manager, Julian House, Bath (and Advocate on behalf of
Voluntary Sector Providers)
Fran McGarrigle – Head of Safeguarding Adults, AWP NHS Trust
Teresa Moran – Administrator Adult Social Care B&NES Council - Note Taker
Tim Shearn DoLS Annual Report (for Agenda Item 3)
Visitor: Mr L (a Carer and presenter for Agenda Item 2)

Apologies

Clare Tozer – Administrator/Notetaker for B&NES LSAB
Jane Shayler – Director, Adult Care & Health Commissioning, B&NES Council/BaNES CCG
Jayne Davis – Deputy Principal Curriculum & Quality, City of Bath College
Lisa Cheek – Deputy director of Nursing Quality & patient safety RUH
Liz Richards - Manger (B&NES) AWP MH Trust
Phil Rhodes – Recovery & Intervention Services Manager, AWP MH Trust
Neil Liddington – Avon Fire & Rescue, Area Manager – Risk Reduction
Simon Hester – Safeguarding Named Professional SWAS FT
Andrew Snee – Head of Compliance & Support, Curo Group
Helen Chrystal – Safeguarding & Patient Experience Manager, NHS England
Alex Francis – Project Coordinator, Healthwatch B&NES
Karen Hunt – BUPA Care Home Representative
Pam Bourton – Manager, Bridgemoor Care Home (Care Home Representative)
C/Supt Steve Kendall – Avon & Somerset Constabulary
James Knight – Senior Probation Officer, HM Prison and Probation Service, South West and South Central Division

DRAFT - TBANM	
1.	<p>Welcome & Introductions</p> <p>Reg Pengelly welcomed everyone to the meeting including visitors to the Board.</p> <p>The emergency evacuation process was shared with the members.</p>
2.	<p>Agenda Item 2: Presentation – Carers Centre – Sonia Hutchison (Key priority 3: Responding to and Learning from Abuse and Neglect)</p> <p>Sonia circulated a newsletter from the Carers Centre. The Carers centre supports 4.5k carers, their aim is to support carers to carry out their carer role safely. As a carer they are not at risk but are caring for someone who could come into this category.</p> <p>Carers do not have a network of support and the Carers Centre gives support to assist the health and wellbeing of carers and to enable them to have a break. Sonia Hutchison offered to come and talk to any Team about the Carers Centre.</p> <p><u>Mr L – carer to his wife</u></p> <p>Mr L talked about his role as the primary carer for his wife who was diagnosed with Multiple Sclerosis 35 years ago and has been a wheelchair user for 10 years. Pressure ulcers during the last few years have been a significant area of concern. At present they have one daily carer who is funded by the Local Authority who comes in the morning and Mr L looks after his wife for the rest of the day. Mr L outlined ‘a year in their lives’ in terms of the number of health-related appointments they needed to attend:</p> <ul style="list-style-type: none">District nurse 120 times yearSocial services - oncePodiatrist - 50 visitsWheelchair user services – 70 visitsHospital visits - 18 timesPlus another 8 health related appointments <p>All these appointments can be stressful for them both.</p> <p>Mr L signed up for the Carers Centre Card Scheme over 7 years ago. This is a card</p>

he carries around with him, which states that he is a carer for his wife with a phone number to ring - this gives him peace of mind.

Mr L has participated in several activities at the Carers Centre including courses on First Aid and manual handling. He also volunteers with the Carers Centre, working with social work students at Bath University.

Mr L and his wife do everything they can to assist the health care professionals and provide as much information as they can, having a great deal of knowledge built up over the years.

Mr L thanked all the professionals at the meeting for their help and invited questions from the group.

Q. How many 24 hour periods had Mr L had away from his caring role in the last 12 months?

A. Mr L said he has had 6 nights away from home this year. He finds it stressful and emotional leaving his wife, but he appreciates these respite days as it is key to his physical and mental wellbeing.

Q. Are the number of visits to health services annoying or are you resigned to it?

A. They works within the system but it can be frustrating i.e. all the visits to re-adjust the wheelchair. It would be useful to have a "one stop shop" for all the services; it would save resources and cut down on the number of appointments they would need to attend.

Q. A domiciliary care provider asked Mr L why he felt the care workers were not always happy to receive advice and information from them?

A. Mr L is aware that some carers are focussed on carrying out their care duties and that time constraints do not always allow for taking on board advice offered.

The Chair thanked Mr L for a very informative presentation.

3. **Agenda Item 3: Case Study presented by Charlie Leason**
(Key Priority 3 - Responding to and Learning from Abuse and Neglect)

The Police presented a case study about a 28 year old woman who had been subject to serious and prolific domestic abuse, lives a chaotic lifestyle and had habitual substance /alcohol issues. Importantly she has mental capacity. The woman had been assessed at the highest level of risk in relation to DA and had been subject to MARAC (Multi-agency Risk Assessment Conference). Despite the best efforts of the Police and other professionals, the woman had been unable to extricate herself from a relationship with the abusive partner; it is believed largely due to fear and coercion. The abusive partner was not receptive to any kind of perpetrator intervention (other than Police and Criminal Justice). A small amount of progress had been made in which a worker had managed to gain the woman's trust; however, despite all efforts this woman remains at high risk of very serious harm and continues to make unsafe decisions.

4.	<p>Agenda Item 4: Declaration of Interests There were no declarations of interest.</p>
5.	<p>Agenda Item 5: Minutes and Actions from previous meeting (20th June 2017)</p> <p><u>Correction to minutes</u> Page 5 Item 7: Amendment to the wording in relation to Ofsted required before the minutes are signed off.</p> <p>Actions Log and Summary</p> <p>A340c & 359 <u>The Carers Centre</u> would like help from the medical profession to write a fact sheet on pressure ulcers. Action: Sarah Jeeves (CCG) will liaise with Sonia Hutchison to create this. Change Action date to March 2018.</p> <p>A346d <u>AWP Records:</u> This action is sitting with the developers. Change action completion date to March 2018.</p> <p>A419 <u>QA Performance:</u> B&NES Council asked if RUH could take a lead on the prevention strategy. The Council would request a response as to whether RUH would be able to do this.</p> <p>Dami Howard to update Action Log.</p>
6.	<p>Agenda Item 6: Strategic Business Plan 2015-18 (plus Summary Update 5a)</p> <p>Dami Howard talked through the Business Plan:-</p> <p>Actions completed; the success and completion of the work of the FGM Task & Finish group.</p> <p>New dates needed for 5.1 Sexual Exploitation Policy action date to move to March 2018.</p> <p>KP1 1.9 The Safeguarding Adults Team will give the MSP Service User Interview Feedback to the Joint Awareness & Communications sub-group on an annual basis – next due April 2018.</p> <p>KP1 1.10 Action: The MSP Practitioner Feedback Survey (which Karyn Yee-King had created) is to be handed over to the Quality Assurance & Performance Management sub-group. The survey form needs to be sent out. MSP will now sit with the Quality Assurance & Performance sub-group instead of the MCA/DOLS sub-group. Action completion date now March 2018.</p> <p>Action: Clare Tozer to arrange for the survey form to be sent out. Action No: 422</p>

	<p>KP3 6.5 & 10.3 The case studies did not find an example of single agency training and it was agreed to close this action.</p> <p><u>New Action</u> KP2 10 Assurance from RAG on raising awareness of FGM with BME and faith communities. Action No: 423</p> <p>LSAB to note the new Actions on the Business Plan under KP1, KP2 and KP3.</p>
7.	<p>Agenda Item 7: LSAB Chair’s Report (verbal update)</p> <p>Reg Pengelly had no updates for the LSAB. He introduced Robert Lake.</p> <p>Robert Lake introduced himself to the Board: He is a qualified social worker and was a Director of Social Services for 15 years in Humberside & Staffordshire. He took early retirement and worked with the NHS Health & Social Care Information Centre. He has chaired a Safeguarding Children’s Board in West Midlands, which was in special measures.</p>
8.	<p>Agenda Item 8: DOLS Annual Report – Tim Shearn Key Priority 3: Responding to and learning from abuse and neglect.</p> <p>Tim Shearn described the changes that had taken place within the DOLS Team over the last 12 months. When Dennis Little left the DOLS Team and the AMHP (Approved Mental Health Professional) Manager also left , the two services were merged and a management job-share was created and Tim Shearn and Christine Somerset were appointed to this role. Joint practitioners are making the best use of skills and will eventually be seen as one team.</p> <p>The number of requests for DOLS assessment during 2016-17 was 1290. Referrals rose by 5%, an average referral rate of 107 a month and they were allocating around 80 a month. The number of cases awaiting assessment rose from 195 to 230 in 2016/17 This, however, should be looked at against the national figures of 195,840 DOLS applications awaiting assessment across the country in 2015/16.</p> <p>The DOLS/AMHP Team aims to increase applications for a DOLS community assessments, but these are under the Court of Protection. B&NES may be below average on the national scale for these assessments.</p> <p>The current DOLS scheme was declared not fit for purpose as it cannot cope with the number of referrals. In March 2017 the Law Commission published their final report the main recommendations were to propose a new name, the ‘Liberty Protection Safeguards’ which widens the scope of the existing DOLS. The DOLS can be requested from 16 years of age not 18 as at present and it would make easier to authorise for hospitals.</p> <p>This legislation is unlikely to become law within the next 2/3 years, in the meantime there may be interim measures.</p>

	<p>The majority of the backlog of the 100,000 DOLS applications are non-contentious. Throughout the country there is a limited amount of assessors and most LAs cannot meet the demand.</p> <p>The Board thanked Tim Shearn for his update.</p>
9.	<p>Agenda Item 9: QAA&PM Performance Report</p> <p>Lesley Hutchinson updated the Board. The group have met once since the last Board meeting. The paper outlines the work of the group they have followed the Board's Assurance Framework.</p> <p>The case file audit reports for Avon & Wiltshire Mental Health Partnership and Sirona Care & Health show good levels of compliance with safeguarding procedure; however this is not reflected with the timescales monitoring.</p> <p>AWP findings included that MSP was embedded in their practices. The use of advocates by the AWP and consideration of the Mental Capacity Act had improved but remained an area of focus.</p> <p>Liquid Logic and RIO service user records were not always consistent and random case audits are being carried out. Of the 42 cases from Sirona that were audited it showed:-</p> <p>Service users were safeguarded immediately; MSP & MCA capacity was evident in 93% cases. A small number of cases did not always have multi-agency input but this is a work in progress. Quality was good overall.</p> <p>There was no Police data for this report due to organisation re-structuring but it will be available for the next LSAB meeting.</p> <p>The QA&PM reviewed the Safeguarding Dashboard and raised several points for the attention of the LSAB. During the first quarter there were 350 concerns raised of which 109 had met the threshold for a Section 42 or other enquiry. This is approximately 30% as compared to the majority of South West Authorities who are showing lower numbers.</p> <p>It highlighted the need to measure timescales to check that service users are safe; monitoring work is taking place on this. The data from service user groups needs to be checked as this may be a Liquid Logic error.</p> <p>The dashboard confirmed that there were low numbers for discriminatory abuse. The quality of referrals remains an issue.</p>
10.	<p>Agenda Item 10: LSAB sub-group Group updates (SAR, Policy & Procedures, Joint Awareness & Comms)</p> <p>Serious Adult Reviews (SAR) - Charlotte Leason</p> <p>Three safeguarding adult reviews are currently running: one will follow a more traditional SAR process; one is a joint SAR/Domestic Abuse Partnership; and the</p>

	<p>third SAR will take a different approach requiring a lighter touch practitioner focused review.</p> <p>The capacity of the sub-group to deliver has been hampered by referrals. There is a risk for the Board that the sub-group have limited capacity to respond to and review SAR referrals.</p> <p>There is a request from the sub-group for more volunteers to sit on the Panel as they are struggling to manage. They need to consider splitting the group: one for the SAR and another for SAR management, looking at policy guidance. They need administrators to support this work as well.</p> <p>The Board is to rethink the sub-group. There will be a dialogue with the Business Management Group to shape a practical solution. Action No: 424</p> <p>Awareness, Engagement & Communications - Sonia Hutchison A request was made to the Board to fill in the Adult Abuse Week survey as only two responses had been received. Action No: 425</p> <p>The new website is now live at www.safeguarding-bathnes.org.uk/adults</p> <p>Some suggestions have been made for articles for the Winter Safeguarding Newsletter and the Board agreed this. The articles do not need to be finalised for the December meeting.</p> <p>The sub-group is finalising the review of the Communications & Media Protocol and a leaflet for family members and carers on SARs.</p> <p>Policy & Procedure - Dami Howard The group are currently reviewing various policies as noted in the update report. They are working on new policies including: Adult Sexual Exploitation and Allegations against a Single Person in multiple locations (Prolific Offenders). The national policy is not clear on the policy regarding Allegations against People in Positions of Trust. Lesley Hutchinson advised that the Department of Health Lead is coming to the December ADASS Safeguarding Network meeting to discuss issues with the interpretation of elements of the guidance. The LSAB has halted the work on this regional policy until the Department of Health provide a clear position.</p>
11.	<p>Agenda Item 11: B&NES Domestic Abuse and Draft Strategy (KP1) – Dami Howard</p> <p>The Domestic Abuse statement is on the Safeguarding website. The Domestic Abuse Partnership (DAP) are now consulting on Domestic Abuse Strategy information is illustrated on a PowerPoint in the Board papers which can be shared with Teams. Comments on this consultation to be sent to Dami Howard by 6th October 2017. Action No: 426</p> <p>The final Domestic Abuse Strategy will then be endorsed at the December Board meeting.</p>

12.	<p>Agenda Item 12: FGM Staff Awareness Survey (KP1) – Dami Howard</p> <p>The LSCB/LSAB FGM Task & Finish group ran from Jan 2016 through to Sept 2017 and for its final piece of work wanted to measure FGM awareness raised over this timeframe. Key issues were to understand local professional knowledge, awareness and training on FGM and the awareness of the poster campaign.</p> <p>The survey received a positive response from a wide range of services with 263 responses, 210 of which were fully completed. Page 3 shows the breakdown by agency. The majority of responses were from schools, academies and colleges.</p> <p>Others included housing providers, children’s social care and mental health providers. Comments ranged from no training to a good coverage of FGM training. 33% felt they did not have sufficient knowledge of FGM. 66% said they had seen the FGM guidance, 27% had not. The CCG had sent out laminated copies to GP Surgeries and Boots the chemist. Further work on training was wanted by 59%.</p> <p>There is a Communications group action around promoting FGM. The FGM leaflet has been translated into 5 languages and will have links on the website.</p> <p>It was noted that the responses were mainly from Children’s providers, although Adult services were largely collated under the ‘other’ category.</p> <p>The Board stated that this was a good report with a good response.</p>
13.	<p>Agenda Item 13: MASH (verbal update) – Helen Wakeling</p> <p>Helen Wakeling updated the Board. The current level of referrals going through the MASH for consideration is low. In the first two quarters there were 7 in the first and 9 in the second quarter. Virgin Care Services and the Council are working closely with Police colleagues and work has started to make best use of resources. The MASH is a good way of obtaining information most of it coming from statutory agencies (the Police, GPs and Virgin Care). The Council would like to have other agencies from which they could draw information.</p> <p>There remains a concern about the lack of presence from AWP.</p>
14.	<p>Agenda Item 14: LSAB Annual Report</p> <p>Lesley Hutchinson thanked all who contributed to the report particularly Dami Howard. The work of the sub-groups has been incorporated. The report includes a local context overview, national and regional context and guidance by comparison with previous years. Two LSAB sub-groups have now ceased (FGM Task & Finish group and Making Safeguarding Personal) the latter is being subsumed into the Quality Assurance & Performance Management sub-group. Case studies and quality checking and Safeguarding Adult Abuse Week, the work of the RAG and Public Health were incorporated in the report.</p> <p>Alerts had gone up from 2016-17 to 32%: 1496 for the year, 547 of which went into safeguarding. There is a low conversion rate from initial alert.</p>

	<p>Benchmarking information is challenging as the national data comes out in November and when B&NES can compare against the SW region. They have agreed to share performance data across the SW. It may be useful to have meeting in December to look at this data.</p> <p>The reporting changed this year and it was not possible to compare with previous years. There is a bit of uncertainty around the category 'Person responsible for abuse' as the number of 'People known to the individual' has risen. The person identified is not always a social care worker but marked as 'known to individual' this could be put down to miss-coding and shall be addressed.</p> <p>The reporting on Making Safeguarding Personal had asked people what outcome they would like to achieve: 87% of the 78% who responded reported that their outcome had been achieved.</p> <p>The LSAB Annual Report illustrated performance across the year. Board procedural timescales are not at a level they would like them to be and they are looking at ways of improving this performance.</p> <p>There is an Executive Summary with a data analysis. The aim is to reduce the size of the report. A large amount of the information in the Annual Report is for assurance. The new safeguarding poster has been circulated to GP Surgeries and hospitals.</p> <p>The Board signed off the LSAB Annual Report for 2016/17.</p>
15.	<p>Agenda Item 15: Budget Report – Dami Howard</p> <p>The full budget report for 2016-17 is included in the LSAB Annual Report. The Board had agreed at the March 2017 meeting to receive six-monthly update reports on the LSAB multi-agency budget.</p> <p>The budget is on track, although the procurement of SARs will have a significant impact on it, as the Council usually covers these costs.</p> <p>There are 3 SARs in progress each with an approximate cost of £15k. The statutory partners will be asked to contribute up to £5k towards each SAR.</p> <p>LH would like to check the cost line in the budget for the CCG. This has been corrected.</p>
16.	<p>Agenda Item 16: Business Development – next Business Plan and update on Stakeholder Event</p> <p>The Stakeholder Day is to be delayed and will take place in late Spring 2018. The priority is to develop the Business Plan as the new one is required by 1st April 2018.</p> <p>The new plan should be outcome-focussed following the same model used for other Council plans, this has been approved in principle by the Business Management Group. Lesley Hutchinson, Dami Howard and Phil Rhodes (AWP) have started the</p>

	<p>planning. Dami Howard outlined the proposed business plan; vision, principles, outcomes, actions and how these would be measured/impacts.</p> <p>The next LSCB/LSAB Business Management Group will meet on 14th November 2017 and will bring the outline plan to the December Board to finalise the impacts and then to the March Board to sign off the Business Plan.</p>
17.	<p>Any Other Business</p> <ul style="list-style-type: none"> • There has been a decrease in people feeding back on policy and procedures and DH has asked for feedback from the Board, when policies are sent out from the LSAB. Action No: 427 • There are also several Memorandum of Understanding still to be returned by agencies sitting on the Board. Action No: 428 • There is an induction session planned for 23 November and the teams have been asked to inform their sub-groups. Action No: 429 • Reg Pengelly thanked the Board saying that it had been a pleasure working with them. • Helen Wakeling requested that the members of the LSAB have their photo taken after the meeting for Twitter, to show their support for the 10th anniversary of the Mental Capacity Act on the 27th September.
18.	<p>Items for information that were given out in the papers</p> <ul style="list-style-type: none"> • LSAB meeting dates calendar 2017 and 2018 • LSAB self-assessment action plan update • FGM Leaflets • LSAB Challenge Log 2017-18 and additional paper in response • National Network of LSAB Chairs report - Auditing the Impact of Becoming Statutory • LSAB Board Assurance Framework (updated) • National Network for Chairs of Safeguarding Adults Boards - Annual Report 2016-17
	<p>Dates of Future Meetings</p> <p>Tues 12th Dec 2017: 2pm – 5pm in Rm West 1.1 B&NES Civic Centre, Keynsham.</p>