



Bristol Safeguarding Adults Board

| Meeting: | | Date: | Time: | Location: |
|-----------------------------|------|---|-----------|----------------------------|
| BSAB | | 1 st February 2017 | 2pm – 5pm | Writing Room, City Hall |
| Attendance | | | | |
| Member | Ref. | Role/Agency | | Attendance |
| Louise Lawton | LL | Chair of BSAB | | Present |
| Aileen Fraser | AF | Clinical Director, Bristol Community Health | | Apologies |
| Alison Moon | AM | Transformation and Quality Director, Bristol Clinical Commissioning Group | | Apologies |
| Allason Hunt | AH | Senior Probation Officer, National Probation Service | | Present |
| Bronwen Falconer | BF | JSBU Project Support Officer | | Apologies |
| Carmel Brogan | CBr | Housing Policy & Contracts Manager, Housing Solutions, BCC | | Apologies |
| Charlie Baker | CBa | Head of Bristol & South Gloucestershire LDU, NPS | | Apologies |
| Claire Hayward | CH | Director, Freeways | | Present |
| Claire Littlejohn | CL | HealthWatch | | Absent |
| Cllr Clare Campion-Smith | CSS | Cabinet Member, People | | Present |
| David Elson | DE | Bristol Older People's Forum | | Absent |
| Ethera Morgan | EM | SAT, Safeguarding, BCC | | Present |
| Fiona Tudge | FT | Service Manager: Safeguarding, Care & Support-Children & Families | | Present |
| Gill Brook | GB | Head of Patient Experience, NBT | | Apologies |
| Helen Morgan | HM | Deputy Chief Nurse, UHB | | Present |
| Jan Little | JL | Care Homes Director, Brunel Care | | Present |
| John Readman | JR | Strategic Director – People, BCC | | Apologies |
| Johnson Koikkara | JK | MCA/ DoLS Co-ordinator, BCC | | Present |
| Lindsey Scott | LS | NHS England | | Absent |
| Mark Dean | MD | Head of Safeguarding, AWP | | Present |
| Mary Ryan | MRy | Service Director – Landlord, Housing Delivery, BCC | | Apologies |
| Mike Hennessey | MH | Director of Adult Social Services, BCC | | Apologies |
| Nancy Rollason | NR | Service Manager – Legal, BCC | | Apologies |

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|---------------------|-----|--|-----------|
| Natalie Chamberlain | NC | JSBU Policy and Projects Officer | Present |
| Paulette Nuttall | PN | Designated Safeguarding Adults and MCA Lead Nurse, BCCG | Present |
| Pete Anderson | PA | Service Manager - Crime and Substance Misuse Service, BCC | Present |
| D/Supt Rich Kelvey | RK | Investigations Head of Manage, Avon & Somerset Constabulary | Present |
| Rob Davis | RD | Avon Fire & Rescue | Apologies |
| Russell Lane | RL | BGSW Community Rehabilitation Company | Absent |
| Sam Shanks | SS | Bristol Dementia Partnership | Present |
| Sarah Smith | SSm | HMP Bristol | Apologies |
| Simon Hester | SH | South West Ambulance Service Trust | Apologies |
| Steve Cross | SCr | Governor, HMP Bristol | Apologies |
| Sue Burn | SB | Adult Social Care Directorate, CQC | Apologies |
| Sue Jones | SJ | Director of Nursing and Quality, NBT | Absent |
| Tracey Judge | TJ | Strategic Safeguarding Adults / MCA & DoLS Co-ordinator, BCC | Present |
| Victoria Caple | VC | Head of SCU, Avon & Somerset Police | Present |
| William Hall | WH | Interim Clinical Director for System Leadership, Bristol Mental Health | Apologies |
| Colette O'Neill | CO | Safeguarding & Dementia Lead, BCH. - Attending on behalf of Aileen Fraser | Present |
| Gareth O'Rourke | GO | Head of Service, North HCS, BCC - Attending on behalf of Mike Hennessey | Present |
| Kelly Brown | KB | JSBU Administrator | Present |

1. Introduction

1.1 Welcome and apologies

LL welcomed the Board. Apologies were received from Alison Moon, Aileen Fraser, Charlie Baker, Steve Cross, Sue Burn, Matt Peskett, Mike Hennessey, John Readman, Will Hall, Simon Hester, Mary Ryan, Rob Davis, Nancy Rollason, Carmel Brogan, Gill Brook, Sarah Smith and Bronwen Falconer.

TJ requested an amendment to page 8 of the minutes on behalf of MH. Amendments have been sent to KB.

1.2 Minutes and matters arising of meeting held on 9th November 2016

| Item | Action | Lead |
|-----------------------|--|--------------|
| F.040516.2.2.1 | TJ / PA to discuss an approach to service users with substance abuse issues. | TJ/PA |
| | Complete. PA to provide a link to the consultation. | |

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| F030816.2.2.3 | RK, MH and AM to meet to discuss core partner contributions to the BCC. | RK/MH /AM |
| | Carry forward. | |
| F.030816.3.1.6 | EIA work to be addressed by the PISG and LDSG. | PN/TJ |
| | Carry forward. This will be picked up at the next Executive Meeting to ensure it has been followed through. | |
| F.030816.3.2.1 | TJ to check if data is available on all protected characteristics, and feed this in to the work on Equalities Impact Assessments. | TJ |
| | Complete. | |
| 091116.2.2.2 | TJ to provide a form of words to PN & NC regarding empowering people to help themselves. | TJ |
| | Complete. | |
| 091116.2.2.3 | PN to confirm virtual sign off of Early Intervention and Prevention Policy. | PN |
| | On agenda. | |
| 091116.2.2.4 | NC to convene a task group of interested parties to form a plan for the Early Intervention and Prevention strategy. | NC |
| | Complete. Bring back to next board. | |
| 091116.2.2.5 | NC to produce simplified version of the information sharing guidance. | NC |
| | Carry forward. | |
| 091116.2.3.1 | Sub groups to add timescales and RAG ratings to the Strategic Plan. | Sub Groups |
| | Complete. | |
| 091116.2.4.1 | NC to organise a task and finish group for the 17/18 annual report and bring a paper to the next Board. | NC |
| | Carry forward. Bring to next Board. | |
| 091116.2.4.2 | NC to produce a leaflet so the annual report 2015/16 can be shared. | NC |
| | On agenda. | |
| 091116.2.4.3 | Amendments to the annual report to be reported to AB. | ALL |
| | Complete | |
| 091116.2.5.1 | BF to raise and send invoices for this year. | BF |
| | Complete. Contribution invoices have gone out, additional fees in relation to SAR's has not. | |

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| 091116.2.5.2 | RK to provide BF with PO numbers in order that she can raise invoices. | RK |
| | Complete | |
| 091116.2.5.3 | MP to provide PN with an electronic version of the budget. | MP |
| | Outstanding. KB to follow this up. | |
| 091116.2.7.1 | SSm to circulate link to the Prisoner Operating Procedure. | SSm |
| | Outstanding. KB to follow this up. | |
| 091116.2.8.1 | PA to send a link to the Restorative Bristol website. | PA |
| | Complete | |
| 091116.2.9.1 | MH & TJ to create a matrix regarding Services of Concern and present to next meeting | MH / TJ |
| | On agenda. | |
| 091116.3.2.1 | Comments on the data set to be fed back to AS. | ALL |
| | On agenda. | |

2. Business Items

2.1 Joint Business Unit

TJ explained that the new Joint Business Unit manager will be starting on 27th February. The Data Analyst resigned at the beginning of January and this has impeded on the Business Unit's ability to support the sub groups. The other members of the Business Unit are working hard but are stretched. The Business Unit are looking to recruit a new Data Analyst and have also looked at some interim options.

LL explained that TJ had identified the priorities of the Business Unit and these will be shared with the core partners. If board members want to know about the progress of any work then LL asked that they speak to LL and TJ.

LL thanked the members of the BU for their hard work and looks forward to BL starting.

2.2 SCR 4

FT explained that the findings and outcomes of the SCR 4 cannot yet be shared as it has not yet been signed off by the BSCB.

SCR 4 was commissioned by the BSCB only and therefore sign off is the responsibility of the BSCB. Advice was sought from the national panel and the advice was to do a children's review and also consider the needs of adults. Kate Spreadbury sat on the review team as a representative of adults. Once signed off the findings and actions will be brought to the

BSAB. The BSCB will be responsible for overseeing the actions and will be asking the BSAB to respond and provide updates.

2.3 Interim Multi-Agency Guidance on Self-Neglect - Update

A draft version of the interim self-neglect guidance had been circulated to the board.

NC explained that the guidance had been sent to partner agencies and had been well received so far. NC is also waiting for input from Housing.

NC has aimed to keep the guidance simple to ensure it is helpful and not over complicated. NC felt that if it was overcomplicated this could lead to non-compliance.

PN referred to a recent SCR that was published and a recommendation around GP involvement. PN felt that GP's should be included in this guidance in order to engage them. PN will share with the Safeguarding GP Lead, Pippa Stables. A holding paragraph could be added to say that the GP section will be populated.

MD suggested that the legal basis around information sharing needs to be articulated to ensure that practitioners have confidence. NC will link this guidance to the Information Sharing Guidance.

NC will send the guidance out for further comment to include associate members with a tight timescale for replies and will include a paragraph to say that this guidance is interim. It was agreed that this interim guidance should be published whilst further consultations take place.

LL thanked NC for her work on this guidance.

Action 2.3.1: NC to send the self-neglect guidance to associate board members with a tight timescale for comments. Interim guidance to be published asap.

2.4 Services of Concern

The paper on services of concern was tabled. TJ had scoped what other boards do and how they deliver services of concern. TJ had visited South Gloucestershire and has based the report on their model. It is a work in progress and next quarter the report will be more refined.

The services identified might have had a poor quality assurance visit or been rated inadequate by CQC, they may have had a warning notice from CQC or may have limited admissions. TJ reassured the board that all services have an improvement plan in place.

Trend data was discussed as something that would be useful to have and also the number of people in the service. RK suggested that the board needs to consider who is responsible for these providers and if the commissioners of the service are aware. TJ confirmed that this information was available and that she would link in with Quality & Contracts.

Action 2.4.1: TJ to link in with Quality & Contracts regarding Services of Concern.

Action 2.4.2: Services of Concern to become a standing agenda item.

2.5 University Suicides

TJ explained that a number of suicides had occurred at Bristol University during October/November last year. The students were all 18 and no obvious link between them has been found. In response multi-agency meetings have been coordinated; the University have put on workshops for staff and students and have increased support of their wellbeing services. The inquests are due to take place this month. It is anticipated that there will be public interest around this and the University are working with Samaritans. There will be a lesson learnt event after the inquest.

LL asked whether there was a theme arising from these tragic events. PN suggested that there was a gap when children are transitioning to adulthood and along with the impact of social networking.

FT explained that the members of the BSCB E-Safety sub group will now be joining other sub groups such as Education, Training and CSE. The CSE Problem Profile has indicated that social media is a key issue and will be a priority for next year.

MD explained that there was significant work going on in relation to suicide prevention and suggested that it might be useful to share that report with the board. MD asked if Bristol University had shared their learning with UWE and EM confirmed that this had been discussed.

CCS informed the board that the Children & Families Board had discussed these cases and talked about how children transition is hugely important and it would be effective for the boards to work together.

Action 2.5.1: FT to take forward work on how children transition working together with children and adults.

Action 2.5.2: University suicides to be discussed again at the next board to look at the lessons learnt and the Board's response to this, if anything.

2.6 SAR Framework

VC explained that there is a need to ensure that there is a framework and governance in place in relation to SAR's.

LL said that the Learning and Improvement Framework is a wider document that sets out how the board intends to learn lessons and move forward and a large part of that relates to SAR's and how we manage them. There needs to be a separate SAR guidance. A huge amount of learning has occurred during the SAR process and this needs to be captured.

In terms of commissioning a SAR using a systems approach VC said that this needs to be considered on a case by case basis as it may not always be appropriate.

LL asked for a draft version of the SAR Guidance to come to the next board. This is a task for BF and the SAR SG and is needed urgently. It needs to reflect the Care Act and the recent SAR's. There is a need to ensure that the criteria and threshold of a SAR is clear and is disseminated. TJ explained that the guidance has been partially drafted but is not yet ready. Management of the ongoing SCR's have been a priority.

PA commented that it was good to see links to the processes and will speak to BF regarding the latest guidance to be added in.

Action 2.6.1: PA to speak to BF regarding the latest guidance to be included in the Learning & Improvement Framework.

LL said that the next steps were to revisit the Learning and Improvement Framework and make the SAR Guidance a priority.

Action 2.6.2: BF to bring a draft SAR Guidance to the next board meeting.

2.7. Finance Paper

The November forecast has been circulated to the board. TJ informed the board that there was another £1,200 to be added, which is a result of legal advice for an SCR. The second paper which has been circulated is a breakdown of the expenditure so that the partners know what they are paying for.

TJ explained that there were some amounts on the breakdown that she did not understand and had arranged a meeting with the finance department to go through it next week. Confirmation is needed from the partners in relation to the over spend before this can be invoiced. LL reconfirmed that the contribution amounts are what has been agreed previously and the expenditure from the SAR's are invoiced case by case as agreed in the 3 year finance agreement.

Action 2.7.1: TJ to circulate an updated budget breakdown before the end of February.

VC said that it would be useful to know how much each SAR costs individually. Going forward a set amount will be agreed with the authors and part payment will be held back until the board is happy with the report.

2.8. Early Intervention and Prevention Strategy

Virtual sign off of this Strategy has been agreed and the version circulated to the board is the final version. NC & PN are working together to implement the strategy.

Action 2.8.1: NC/PN to bring draft implementation plan to next Board meeting

3. Standing items

3.1 Risk register

TJ explained that she had made some amendments to the Risk Register including to the RAG ratings to reflect that the Business Unit doesn't currently have a Manager or a Data Analyst so there is an increased risk to the board that things may not be delivered. It was suggested that board members read through the Risk Register and if all are happy then it will go to the next Executive Group meeting.

VC thought that the risk in relation to SAR timescales should be scored higher considering the difficulties we have.

In relation to attendance at sub groups MD has undertaken to support the SAR SG and this should be rescored as well. LL asked whether anything needed to be done at board level in

relation to attendance at sub groups. CH said that one of the issues was that a lot of the same people are members of the sub groups and so if someone leaves then there is a loss from all the groups. Non-attendance could be down to capacity issues and also a lack of understanding about what their role is. It was suggested that this be reviewed in 6 months. LL asked that if attendance needs to be escalated sub group chairs should let LL know so that it can be discussed by the Executive Group. CH will email TJ regarding some minor calculation issues.

RK thought that the board had been hard on themselves in relation to the last risk. RK did not think this needed to be critical. The risk register will be updated to acknowledge this and Becky Lewis will take this forward.

3.2 Performance and Intelligence sub group

TJ confirmed that they now had a copy of the health score card. The CCG have made this available online and are trialling it with health providers first. Providers can upload their data and this can be printed off. The PISG are also holding a task and finish group in relation to service user families and carers feedback and also around other themes and hope to have some products out by the next board.

NC is helping the PISG group to develop their audit tools and TJ thanked the sub group members for their continued support.

TJ needs to speak to the data team to unpick some of the data in the report card, for example the conversion data appears to be too high. The timescales for completion of S.42 enquiries also needs to be looked at in terms of how it is presented. The abuse by religion and abuse by sexual orientation figures are identical and this needs to be checked.

LL thanked TJ for her work on the data.

3.3 Communications and Engagement sub group

CH informed the board that NC is looking at a policy regarding service user involvement. The website is moving forward, there have been some funding issues but these are being ironed out.

A meeting regarding Stop Adult Abuse Week was held last Friday, this will be taking place from 12th – 16th June. The conference will take place on Tuesday of that week and will be around self-neglect. The CESG have agreed that the theme for the week would be 'safe at home'. Each local area will take a day each and focus on themes such as prevention, financial abuse and scamming. One area will produce the leaflets and these can be customised to reflect each area's contact information.

CH said that they have been trying to sell the images that we have on to other boards and there is one board that has the ok to go ahead with this.

The easy read version of the annual report has been done. It was not possible to make it a one page leaflet but it is only 4 pages.

LL thanked CH and NC for their work on the leaflet and thought that it had been done well.

The annual report needs to go on the website asap and TJ will follow this up. If there any comments on the leaflet then these should be sent to NC.

Action 3.3.1: Comments on the annual report leaflet to be sent to NC.

Action 3.3.2: TJ to ensure that the annual report is published on the website asap.

3.4 SAR sub group

VC informed the board that the SARSG has recommended that a SAR be commissioned in relation to SAR 1. Expressions of interest were received from one interested party, this person will be supported by a SCIE mentor who will quality assure the report before it comes to the sub group.

The SAR SG has recommended that a SAR is not commissioned in relation to SAR 2. This case has been referred to BCC Safeguarding and it may be re-referred if further information is received. The SCR's re SAR 3 and SAR 4 have been published and action plans are being progressed.

In relation to SAR 5 TJ & VC met with the family and their legal advisors and have received a detailed document of comments. An extra-ordinary executive group meeting will be held to review the document. Following this meeting it was decided that the extra-ordinary board meeting that had been arranged for this morning would be cancelled.

MD apologised that actions had not been addressed by AWP in relation to the previous SCR's, he explained that this had fallen between local AWP and Bristol Mental Health. Fran McGarrigle will now sit on the SCR committee and they will ensure that attendance is maintained at the board and the sub group. Whoever attends it will be ensured that they have authority to represent both entities.

MD explained that in relation to SAR 3 the main recommendation was in relation to the S.136 place of safety. Delivery of this action will be through a project that has been underway since October to address the pathway problem, which is being redesigned. MD will provide further detail to the SAR SG.

Action 3.4.1: MD to respond to the SCR SG in relation to the actions for AWP re SAR 3.

PN said that the CCG had not received a letter in relation to their actions. PN said that the actions have already been embedded but they need a letter so that they can feed back.

Action 3.4.2: BF to ensure that all agencies have received a letter in relation to the actions from SAR 3.

GO explained that MH had asked him to raise a point in relation to SAR 1 to be mindful of the impact on the family in relation to the time it takes to complete the review. LL asked that GO assure MH that they are trying to expedite the process as quickly as possible.

3.5 Learning and Development sub group

A training options paper had been produced by the LDSG for the board to consider.

RK felt that option 3 to not provide training should not be dismissed. The Police are in a position to feedback to the board in relation to their training and the board could quality assure that feedback to ensure that professionals are effectively trained.

PN commented that the outcomes of the SAR's show that we are falling down on Multi-Agency working and that best practice was not being used and so felt there was a benefit to Multi-Agency training.

FT clarified that the £5,000 shortfall noted in the report for the BSCB training department related to the commissioning of a specialist trainer and they wouldn't usually expect to have a short fall. BSCB training income is £90,000.

It was felt that a second options paper was needed in relation to implementation of the options. A training plan is needed.

The training survey showed that all providers had asked for specific specialist training. Not all agencies said that they could provide an appropriate level of training and this was felt to be a concern. LL felt that there was value in looking at agencies that already provide specialist training and whether this could be offered multi agency. RK said that there was a need to be clear on where we are going and what training needs to be delivered.

PN said that there is learning from the SARs and this could be done via a learning event. PN has begun training GP's in relation to the learning from SAR 5.

Action 3.5.1: PN to prepare a programme of multi-agency training that is evidenced based from the training survey and the learning from the SCR's

LL felt that the board also needs to think about how they quality assure the training that is already being provided as they do not have this information. PN said that it has been agreed that the information from the CCG can be sent to the PISG.

LL said that the PISG and LDSG need to consider how the board can pull the information together and use it to be assured that single agency training is being done. LL thanked PN for her paper.

Action 3.5.2: The LDSG & PISG to consider how the board can quality assure single agency training.

3.6 Deprivation of Liberty Standards

The DOLS report was tabled. JK explained that this had been a busy quarter for applications and they are assessing around 100 cases a month on average. They are trying to come up with solutions to settle cases and are considering a proportionate approach to assessments so they can assess more people who are on the waiting list.

JK circulated a booklet in relation to the human rights project, discussions around the plan and how learning can be applied is ongoing. JK referred board members to page 6 of the booklet, which talks about the legal framework of removing someone from their family home. They are planning more sessions and discussions with Social Care Practitioners to disseminate learning.

JK said that new case law has come in which is applicable to the hospital sector. The Court of Appeal has said that a case is not a DOLS if someone is in hospital due to critical illness and they are receiving lifesaving treatment. JK will study this and work with partners to consider what lessons can be learnt. JK felt that this would reduce some pressures on his office. JK will circulate the link to the case law and commentary.

Action 3.6.1: JK to circulate the link to the case law and commentary in relation to the hospital sector.

In relation to JK's report LL commented that applications appeared heavily weighted to white people and asked if JK could provide a further explanation about this at the next board meeting to determine if there are trends.

Action 3.6.2: JK to provide a further explanation of the ethnicity data at the next board meeting.

4. Any other Business

4.1

HM raised that they are asked to regularly submit audits but were unclear what happens to this information and why they are submitting them.

TJ explained that audits are supplied to the PISG so that the group can consider whether they are of any relevance to the board. It may be that this information should be submitted via the CCG and the PISG are currently waiting for the score card to ensure that there is no duplication.

The performance framework needs to be audited to look at existing sources so that the board knows that we are completing the strategic plan. TJ & HM will discuss this further outside of the meeting.

4.2

PN informed the board that she had attended a national NHS England event in relation to mental health homicides. PN thought that there was helpful learning and will share this with the sub group chairs. PN has the presentation slides and will circulate them.

Action 4.2.1: PN to circulate the NHS England mental health homicides presentation slides.

Action Grid

| Item | Action | Lead |
|-----------------------|--|-----------------|
| F030816.2.2.3 | RK, MH and AM to meet to discuss core partner contributions to the BCC. | RK/MH/AM |
| F.030816.3.1.6 | EIA work to be addressed by the PISG and LDSG. | PN/TJ |
| F.091116.2.2.5 | NC to produce simplified version of the information sharing guidance. | NC |
| F.091116.2.4.1 | NC to organise a task and finish group for the 17/18 annual report and bring a paper to the next Board. | NC |
| F.091116.2.5.3 | MP to provide PN with an electronic version of the budget. | MP |
| F.091116.2.7.1 | SSm to circulate link to the Prisoner Operating Procedure. | SSm |
| 010217.2.3.1 | NC to send the self-neglect guidance to associate board members with a tight timescale for comments. | NC |
| 010217.2.4.1 | TJ to link in with Quality & Contracts regarding Services of Concern. | TJ |
| 010217.2.4.2 | Services of Concern to become a standing agenda item. | KB |
| 010217.2.5.1 | FT to take forward work on how children transition working together with children and adults. | FT |
| 010217.2.5.2 | University suicides to be discussed again at the next board to look at the lessons learnt and the Board's response to this, if anything. | TJ |
| 010217.2.6.1 | PA to speak to BF regarding the latest guidance to be included in the Learning & Improvement Framework. | PA |
| 010217.2.6.2 | BF to bring a draft SAR Guidance to the next board meeting. | BF |
| 010217.2.7.1 | TJ to circulate an updated budget breakdown before the end of February. | TJ |
| 010217.2.8.1 | NC/PN to bring draft implementation plan to next Board meeting | NC |
| 010217.3.3.1 | Comments on the annual report leaflet to be sent to NC. | ALL |
| 010217.3.3.2 | TJ to ensure that the annual report is published on the website asap. | TJ |
| 010217.3.4.1 | MD to respond to the SCR SG in relation to the actions for AWP re SAR 3 | MD |
| 010217.3.4.2 | BF to ensure that all agencies have received a letter in relation to the actions from the SAR 3 | BF |
| 010217.3.5.1 | PN to prepare a programme of multi-agency training that is evidenced based from the training survey and the learning from the SCR's | PN |

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| 010217.3.5.2 | The LDSG & PISG to consider how the board can quality assure single agency training. | PN/TJ |
| 010217.3.6.1 | JK to circulate the link to the case law and commentary in relation to the hospital sector. | JK |
| 010217.3.6.2 | JK to provide a further explanation of the ethnicity data at the next board meeting. | JK |
| 010217.4.2.1 | PN to circulate the NHS England mental health homicides presentation slides. | PN |