



### Bristol Safeguarding Adults Board

| Meeting:          |      | Date:  | Time:     | Location:             |
|-------------------|------|--|-----------|-----------------------|
| BSAB              |      | 1 <sup>st</sup> November 2017  | 2pm – 5pm | Room 1P 09, City Hall |
| Attendance        |      |  |           |                       |
| Member            | Ref. | Role/Agency  |           | Attendance            |
| Louise Lawton     | LL   | Chair of BSAB  |           | Present               |
| Aileen Fraser     | AF   | Clinical Director, Bristol Community Health                            |           | Absent                |
| Anna Smith        | AS   | CEO, One25   |           | Present               |
| Anne Morris       | AMo  | Director of Nursing & Quality, BNSSG CCG                               |           | Apologies             |
| Andy Bennett      | AB   | Superintendent Neighbourhoods & Partnerships, Avon & Somerset Police   |           | Present               |
| Becky Lewis       | BL   | Joint Safeguarding Boards Business Unit Manager                        |           | Present               |
| Bronwen Falconer  | BF   | Project Support Officer, JSBU  |           | Present               |
| Charlie Baker     | CBa  | Head of Bristol & South Gloucestershire LDU, NPS                       |           | Apologies             |
| Claire Hayward    | CH   | Director, Freeways   |           | Present               |
| Colette O'Neill   | CO   | Safeguarding Adult and Prevent Lead, BCH – Attending for Aileen Fraser |           | Present               |
| David Elson       | DE   | Bristol Older People's Forum   |           | Absent                |
| Emma Wells        | EW   | Service Manager for Engagement, Bristol Drugs Project                  |           | Present               |
| Ethera Morgan     | EM   | Safeguarding Adults Team Manager, BCC Attending for TJ                 |           | Present               |
| Fiona Tudge       | FT   | Service Manager: Safeguarding, Care & Support-Children & Families      |           | Present               |
| Gill Brook        | GB   | Head of Patient Experience, NBT  |           | Present               |
| Gillian Douglas   | GD   | Head of Housing Options, BCC   |           | Present               |
| Clr Helen Holland | HH   | Cabinet Member, People   |           | Present               |
| 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               |

|                     |     |   |  |
|---------------------|-----|---|--|
| Maria Hamood        | MH  | Adults Principal Social Worker, BCC                                     | Present                                  |
| Mark Dean           | MD  | Head of Safeguarding, AWP   | Present                                  |
| Mary Ryan           | MRy | Service Director – Landlord, Housing Delivery, BCC                      | Apologies                                |
| Matt Peskett        | MP  | Avon Fire & Rescue  | Associate Member attendance not required |
| Nancy Rollason      | NR  | Service Manager – Legal, BCC  | Apologies                                |
| Natalie Chamberlain | NC  | JSBU Policy and Projects Officer  | Present                                  |
| Nicholas Rudling    | NR  | Deputy Safeguarding Lead, NHS England                                   | Apologies                                |
| Paul Chapman        | PC  | Inspection Manager, CQC   | Apologies                                |
| Paulette Nuttall    | PN  | Designated Safeguarding Adults and MCA Lead Nurse, BNSSG CCG            | Present                                  |
| Pete Anderson       | PA  | Service Manager - Crime and Substance Misuse Service, BCC               | Apologies                                |
| Pippa Stables       | PS  | GP Lead, Bristol CCG  | Absent                                   |
| Sam Shanks          | SS  | Bristol Dementia Partnership  | Present                                  |
| Sarah Smith         | SSm | Head of Safer Prisons and Equalities, HMP Bristol                       | Apologies                                |
| Simon Hester        | SH  | Named Professional for Safeguarding, South West Ambulance Service Trust | Apologies                                |
| Steve Cross         | SCr | Governor, HMP Bristol   | Absent                                   |
| Sue Jones           | SJ  | Director of Nursing and Quality, NBT                                    | Apologies                                |
| Terry Dafter        | TD  | Service Director, Care & Support, BCC                                   | Apologies                                |
| Tracey Judge        | TJ  | Strategic Safeguarding Adults / MCA & DoLS Co-ordinator, BCC            | Present                                  |
| Victoria Caple      | VC  | Head of SCU, Avon & Somerset Police                                     | Present                                  |
| Kelly Brown         | KB  | JSBU Administrator  | Present                                  |
| Charlotte Cole      | CC  | JSBU Administrator  | Present                                  |
| Jo Murray           | JMu | Safeguarding Adults, BCC - Shadowing                                    | Present                                  |
| Katy Trundle        | KT  | Senior Probation Officer, NPS – Attending on behalf of Charlie Baker    | Present                                  |
| Tristana Rodriguez  | TR  | Safeguarding Practitioner, BCH - Shadowing                              | Present                                  |

## 1. Introduction

### 1.1 Welcome and apologies

LL led the introductions. Apologies received from Paul Chapman, Allason Hunt, John Readman, Sarah Smith, Anne Morris, Charlie Baker, Sue Jones, Simon Hester, Nicholas Rudling, Pete Anderson and Terry Dafter.

### 1.2 Minutes and matters arising of meeting held on 2<sup>nd</sup> August 2017

No inaccuracies were raised in relation to the previous minutes.

| Item          | Action  | Lead  |
|---------------|---|-------|
| F010217.3.5.2 | The LDSG & PISG to consider how the board can quality assure single agency training.  | PN/TJ |
|               | Carry forward. This is currently in discussion. BL - We can provide the framework and advise what type of training will be accepted. An update on this will come through the Training SG. |       |
| F010217.4.2.1 | PN to circulate the NHS England mental health homicides slides.   | PN    |
|               | PN has invited Lucien Champion to the March meeting – BL to report to the board in March.   |       |
| F100517.2.1.1 | FT/VC to jointly develop action plan to bring to BSAB. Progress will be monitored.  | FT/VC |
|               | Complete.   |       |
| F100517.2.3.1 | VC and MA to begin information sharing discussions.   | VC    |
|               | Complete – in the process of developing a memo of understanding between the police and the university   |       |
| F100517.2.4.2 | A letter specifically for GPs to be developed to provide assurances regarding the Care Act requirements of information sharing in the course of a SAR.                                    | PN/BF |
|               | Carry forward.  |       |
| F100517.2.5.2 | MH to bring the issue of risk assessments in assisted housing to a meeting on Friday.   | MH    |
|               | No minutes taken at the meeting - unknown if raised. Close action. LL to address at November Board.   |       |
| F100517.2.9.3 | Early Intervention and Prevention Implementation Plan to be added to the agenda for the next meeting.   | KB    |
|               | Complete  |       |
| 090817.2.4.1  | Comments on the Annual Report to be sent to BL within a week.   | ALL   |
|               | Complete  |       |
| 090817.2.6.1  | TD to bring a report to the Board on organisational changes in BCC.   | TD    |
|               | TD had sent apologies but had previously advised that the structure has only just gone out to consultation and will bring to the board once the structure is confirmed. Carry forward.    |       |

|              |   |              |
|--------------|---|--------------|
| 090817.2.7.1 | BL to bring a paper to the Board on organisational change consultation and notification to the Board. | <b>BL</b>    |
|              | Complete  |              |
| 090817.3.1.1 | VC to bring updates on the 'SCR 1' action plan to the March 2018 Board.                               | <b>VC</b>    |
|              | Carry forward   |              |
| 090817.3.1.2 | Invite BCC Housing to attend and speak to the Board.  | <b>BL</b>    |
|              | Complete  |              |
| 090817.3.4.1 | Letter to be sent to the CQC Board representative in relation to audit findings.                      | <b>LL/BL</b> |
|              | Complete – we have received a response, we will try and link in with some of the work they are doing. |              |
| 090817.3.6.1 | TD to bring a paper to the November Board in relation to Services of Concern.                         | <b>TD</b>    |
|              | Complete.   |              |
| 090817.3.7.1 | TR/JK to provide confirmation by email on the DOLS figures between now and the next Board.            | <b>TR/JK</b> |
|              | Complete  |              |

## 2. Business Items

### 2.1 Barnardo's SE Service

**Ella Remes and Sinitta Watkins – Barnardo's presenting.**

ER led introductions of herself and SW.

Barnardo's have been looking into where service users go once they reach 18 – ER discussed that they didn't want them going into One25 because it was not the most suitable environment for them. AS gave a summary of One25.

Barnardo's have looked at what service users they have on their books that were also previous Base users. There is a trend at around the age of 23-25 whereby service users come back to the attention of organisations with significant issues. This highlighted the significant need of a transitions service to reduce risk to these young adults and bridge the gap. It was noted that risk increases at age 18 when services and support often reduces. ER advised that work needs to be done to offer the support to this age group. The spike in the exploitation risk once the service user reaches 18 can be due to - accommodation issues (for example, moving into shared accommodation and being influenced by others), the service user not being cognitively the age they actually are and the service user not being equipped for independence. The assessment into their 'readiness' needs to be looked at / evolved.

SW gave a summary of the figures of referrals and case work.

Themes identified in the project – referrals around street sex work, online exploitation, boyfriend/girlfriend exploitation and the trend that service users will often experience many of these themes.

ER discussed the barriers when trying to get young people into mental health services. Barnardo's work – establishing working relationships in the childcare arena and advocating for them with regards to their ongoing support needs. ER advised we all need to look at the wider system and how we can project our services onto the wider population. The change from children's services where there is at least weekly contact to adult services and losing that contact and support creates a mistrust of services. It raises the question - who is the right person and what is the right service? We need to strip it back and stop bombarding fragile young adults with a mixture of professionals.

The priorities going forward – scoping the extent of sexual exploitation in the city would be helpful, think about how we design our services and how do we know when we are making a difference? How do we get better at getting to the young people who have fallen through the gaps and retain them in our services? How can we make a real difference when there is a limitation on resources and what we can do?

A discussion was held regarding the statistics of disabled service users following a question raised by VC. ER advised that 31% of service users are disabled with the majority being learning difficulties but she would have to check the data to confirm that.

PN advised that health services see service users during the "gap" of 18-23, so it would be good to discuss this with other organisations to share relevant information to try and help them before the situation gets worse. MD stated that AWP see vulnerable people with a mixture of different needs but no one needs hits the threshold for specialist need. The individual may get brief interventions of chaotic support, but nothing significant. It was agreed by the group that there is a threshold issue.

LL asked if Bristol was in line with other authorities across the country in terms of transition services. ER advised that Bristol was the first LA to have a CSE transition service. It was discussed between the group that this is something to celebrate, but there is still work to do. LL asked what role does the board have here and what are the additional challenges in adult safeguarding? The group discussed that it's been identified that only certain adults may receive the help, for example, if individuals don't look in crisis on the outside it can be taken for granted that they are okay and do not require help. The previous MASH system in the city was discussed and it was proposed that something similar may be helpful here. When complex needs are not hitting any threshold but it is clear that someone needs support we need something in place where we look at these cases and form a plan.

It was discussed between the groups if we really have got a good handle on practitioner's advice on managing sexual exploitation in adults as a lot of cases are exploited start when they were younger.

LL advised that it sounds like we are not sure what is in place to safeguard these vulnerable adults. So the board needs to look at how we identify what is currently in place and then take a look at the findings.

**Action 2.1.1: BL to identify what safeguarding procedures are currently in place and what work needs to be done.**

**Action 2.1.2: Problem profiling to be undertaken by the new data analyst.**

**Action 2.1.3: BL to look into multi agency risk management in adult populations**

## 2.2 Anti-Slavery Partnership update

**Gemma Davies – Unseen presenting – slides included in report pack**

GD introduced herself and gave an overview of Unseen; they are currently based in Bristol but are working nationally. The biggest project for Unseen has been the launch of the National Modern Slavery helpline which takes calls from victims, the public, professionals and businesses. GD handed out cards to the group. GD discussed the Nailed It campaign and advised that during the campaign calls to the helpline increased and they continue to do so.

The Anti-slavery partnership was funded by Unseen, the council and the police. The partnership has grown and is doing well; there are a range of members on the panel including a local barrister. The aim of the board and the meetings is to discuss modern slavery and human trafficking, how to identify it and create a multiagency approach to the issues.

GD highlighted the difficulty in identifying modern slavery– the indicators cross over and it is worth recognising that not all identifiers are pointing at modern slavery / vice versa.

The Modern Slavery Act came out in 2015 and it features a statutory duty to notify. Under this act individuals must inform the Home Office when they identify modern slavery whether the victim wants help or not.

A discussion took place regarding duty following a question raised by PN. GD advised that the NHS is not duty bound but they can opt in. The government have not produced any documents on duty notifies yet. LL advised that not all modern slavery will have safeguarding issues so it's not clear on the role of the board. GD stated that there are changes coming up in the next month's/years that Unseen do not have much information on, but the BSAB need to be aware of that change.

BL updated the group: through the BCC and children's board two free training sessions will take place in January and February.

**Action 2.2.1 Invite Unseen to provide an update for the Board next year.****2.3 Safeguarding in Housing**

**Gillian Douglas (GD) is presenting. The slides have background on statistics and data.**

There is an acute crisis in Bristol with visible signs of rough sleepers as well as rough sleepers who are not visible. There is new legislation coming into place - Homelessness Reduction Act. This will put more emphasis on helping people be less focused on if people pass certain aspects of the legislation and it shifts the threat of homelessness in 28 days to 56 days. The act ensures that councils will have to help secure suitable accommodation whether they are priority need / intentionally homeless or not.

We do have supported accommodation which has been recently recommissioned. There are approximately 900 bed spaces across different levels of provision. There is also a new pathway which is designed to find the best place / route for someone, and there is ongoing work around joint working and the transition process between hospitals to homelessness.

GD advised there is an issue with temporary accommodation usage that needs to be looked into. There is the choice housing related floating support which will offer 6 months support.

A discussion took place about the recent pilot scheme that involved the public taking people into their homes. GD discussed the Supporting lodges model which involves asking the public to take teenagers into their home for a few weeks for an allowance of approximately £9 a night. There has currently been no volunteer for this which is not surprising. It may not be the best way to tackle the problem.

The group discussed clients with additional needs not being suited to a hostel environment. There needs to be a process to identify where people are most safe.

**2.4 LeDeR Programme**

**Nicola Powell (NP) attended to present on the Learning Disabilities Mortality Review (LeDeR) Programme.**

NP gave an overview of the key programme aims, which are to drive improvement in the quality of health and social care service delivery for people with learning disabilities and to reduce premature mortality and health inequalities in this population.

NP said that anyone can trigger a review and the form identifies flags that may trigger a full review. The paperwork is sent on to University of Bristol to hold as part of their research to identify themes and feedback through the system.

If there is a statutory review already in progress then they will take a back seat. NHS England holds the implementation responsibility. There is more training coming forward for local reviewers who can be health or local care staff.

## Questions

PN informed the Board that Paula French was setting up a programme steering group. GB advised that they had found the process very smooth.

LL asked if the reviews had started and NP confirmed that they had, the portal is open to receive reviews and train at the same time.

LL asked if there were relevant safeguarding issues that arise how this would come to the board. PN will be the link through the SAR SG. LL said that a reporting mechanism was needed for the board to receive any findings and PN confirmed that the overarching themes will come to the board.

LL asked that NP come back next year to provide an update and NP said that their role had been to implement and going forward updates will come from the CCG. NP suggested that the University of Bristol could attend to provide a Thematic Overview.

GD left the meeting.

### **2.5 Board Policy updates and sign off**

Updates on the policies in progress are detailed in NC's paper that has been circulated to the board.

#### **A guide to Child Protection and Adult Safeguarding for Faith Based Establishments**

NC explained that this guidance has been adopted from Birmingham City Council and Faith Associates. Funding has been agreed for two edits to the document, one has already taken place to fit Bristol. NC asked the board to sign off the policy plus the amendments attached in the additional document. BSCB have seen the guidance and did not request any further amendments. There has been huge consultation on this document, through the multi-faith forum, no amendments were requested and they were keen to receive the final version once ratified.

VC asked whether consideration should be given to future proof the document due the upcoming changes to the Data Protection Act in April. NC will speak to Faith Associates about this as they will probably want to update it.

SS asked if it would be available in other languages, NC reported that it would not be available in other languages. LL asked if that was due to funding and NC confirmed this. LL said that the board should look at the barriers to having this in different languages.

VC suggested an amendment on page 23 – under Managing Behaviour – change 'physical punishment should not be used' to 'must not be used'.



LL asked if considering TJ's paper that was due to be discussed today and the reach to BME communities, if the board was missing an opportunity to launch this guidance and raise the profile for adults safeguarding in those communities. The profile of referrals in to the system is low.

NC will also be taking the policy to the Multi-Faith Forum AGM; they are also hoping to get funding to have printed versions of the guidance that can be sent out.

NC also raised the subject of IICSA which she will be raising as an item of any of business, there will be significant activity in Bristol and faith based establishments will come under scrutiny and the board will need to be in a position to support them.

LL suggested that if NC was attending the AGM that this is used as a catalyst to raise the profile, LL asked if there was any more the board could do. MH asked how representative the forum was of the community and if there was anywhere else it go wider?

FT said that she chaired the Supplementary Schools Task Group which had been involved in the production of this guidance, it has been accessed through Supplementary Schools and also the Equalities Officers in the Council are on the task group and they have access to members of the community.

CH suggested the board might be able to get some press involved in the launch, if they had a personal story, the multi-faiths coming together to do a joint launch. NC will look in to this.

SS suggested that board members be asked to advertise the guidance once launched as they were asked to do when the website was launched.

HG suggested involving Children's Centres as well as these will be accessed by families.

**Action 2.5.1: NC to add the amendments to the Multi-Faith Guidance and confirm once the final version is complete.**

**Action: 2.5.2: NC & CESG to consider how to launch the Multi-Faith Guidance.**

## **2.6. Proposals to the Board**

### **Organisational change constitution and notification**

This paper has been brought to the board today following discussions at the last board. The report looks at and identifies what threshold the board would suggest that members inform the Chair of changes in their organisations. BL read out the threshold criteria as detailed in her report. The report proposes that if a board member is changing a service they commission or deliver then they need to assess whether the service is safeguarding related. They need to inform the Chair if the change relates to organisational redesign or operating models. BL detailed the possible recommendations and options available to the Chair following notification.

If this proposal is agreed then this would mean a change to the Constitution and all Board Members would need to sign up to a new Memorandum of Understanding (MOU).

BL asked if any members had any questions.

PN felt that to change the Constitution was a big step and suggested sending out key lines of enquiry instead to seek assurance.

LL asked if legal advice had been sought. BL reported that it had been discussed with legal but they do not have formal legal advice. The feeling from the last Executive meeting was that this was a formal request and change in board members roles and accountability and that it should therefore be embedded in the Constitution and the MOU so it was clearly defined. There will be no statutory duty to provide this information but the Chair could seek to challenge under the powers of the Care Act if it is not supplied if this was felt necessary.

HM said that she recognised the importance of this and had discussed it with the Chief Nurse at UHB, they are trying to understand who as an organisation they are accountable to. They are already accountable to their regulators and CCG colleagues. The volume of change as an acute trust is enormous. They do not feel that this is something that they can sign up to and asked if there is another way.

LL asked if this was because of the key lines of enquiry or because of the duplication. HM said that it was the duplication. They are making changes all the time that would mean that they fall in to some of the categories detailed in the proposal. They would be producing a lot of information when they are already having conversations with colleagues who they are accountable to.

GB said that she would support HMs view and asked how this would work with their relationship with the CCG. HM suggested that the Board could seek assurance from BNSSG CCG that they are assured. There is also a danger that this could hold up their timetable for processes.

PN asked how this would apply to smaller providers and BL advised that they wouldn't be seeking this from providers or Voscur representatives as they have a different role and relationship with the board.

TJ echoed that the board should assure through the commissioners and suggested that only the Statutory Partners sign up and not the providers. BL said that it had gone to the Executive as a proposal for the commissioners only but the Executive group had wanted it opened to providers. BL suggested that the board may need to look to the PCC as an additional partner. This will need to go back to the Executive Group.

**Action 2.6.1: Board to review the organisational change proposal and provide any further comments to BL within two weeks.**

### **Merging of the BSAB & BSCB Executive Groups**

BL informed the board that a decision cannot be made in relation to merging the Executive Groups today as TD and AM are not present. BSCB have also not seen this proposal yet.

As it is a governance change, the board needs to hear if there is any dissent within the board regarding the proposal.

The issue is that representation of senior leaders has been patchy for the last year. This has been challenged and could be formalised further. There is also a question about resources and working closer with BSCB. BL said that it should also be noted that this is happening at a time of legislative change at BSCB due to changes with the Social Care Act. This won't be implemented for another year and a half but it is important for the adults board to be sighted on this.

BL asked for any comments or questions.

CH was concerned that this merger was being proposed because people don't turn up to meetings as opposed to it being a good idea to combine the groups. This links to organisational change, the people who commission services don't attend the meetings. CH queried if the commissioners put safeguarding at the heart of what they do. LL said that this is a challenge that needs to go back to the core partners.

AB said that as long as it was coordinated properly there could be benefits, he was broadly supportive but said that they need to under the motives.

### **Action 2.6.2: Merging of the Executive Groups to be brought back to the next board.**

#### **Thematic Board Meeting Schedule**

This has been provided for information. BL said that the board needs clearer oversight of thematic issues. If there are any emerging issues then reports could be brought forward. This will also give Associate Members a steer on what meetings they need to attend.

No objections were raised.

### **2.7. Services of Concern**

TJ presented the Services of Concern paper, this paper is confidential and board members were asked to hand this back at the end of the presentation.

TJ informed the board of the number of services in the organisational safeguarding process or who had had a recent poor quality assurance visit. TJ provided a list of themes, which included leadership and management, poor care plans, record keeping, staffing levels and compliance with MCA and DOLS.

All services have risk assessments, service improvement plans or action plans in place.

TJ said that given the picture in Bristol, she wanted to assure the board of the action being taken. There is a programme called Better Lives, which is supporting people to live for longer in their own communities with services if and when needed.

The internal commissioning structure is being aligned with the programme and will manage and develop a sustainable, outcomes focussed social care market that is high quality and meets national standards.

SS asked if there were assurances for home care provider contracts for self-funders and if someone was advocating for them, SS said that this was a concern from her service. TJ said that they will look at all packages and will work to make sure that they are.

TJ provided a second paper, which was an overview of the CQC position.

## **2.8. AWP Update**

LL informed the board that in June this year AWP had closed the Laurel Ward due to restrictive practices being used. As a result of this concerns were raised to LL and the Chair of the South Gloucestershire Adults Board. It was felt that due to previous concerns around AWP that it was necessary to write to the Chief Executive and Chair of AWP jointly outlining their concerns. The response received was felt to not have answered the fundamental questions posed and it was therefore decided to meet and a joint meeting was held. This was felt to be positive and all had an opportunity to air their views and for AWP to give more insight in to the process that AWP have gone through and a number of actions were agreed as a result.

For Bristol it was about how we are assured that AWP are assuring themselves of their processes. It was agreed that LL would meet with the Chair of the Quality and Standards Board Committee. LL also wrote to the Chief Executives of the CCG and AWP in regards to the representation for Bristol Mental Health on the board. It was felt that there has not been adequate representation since Will Hall left. The final action was for the two local authorities to provide a reflective response to AWP of managing the ward that was closed. There has been no response from AWP to date, the minutes from that meeting were sent out in September.

**Action 2.8: MD to follow up with AWP for a response to the actions from the joint meeting.**

## **2.8. Role of the Lead GP**

Pippa Stables was not able to attend, this will be rescheduled.

## **3. Standing items**

### **3.1 SAR Sub Group**

VC informed the board that one new referral was received in the last quarter, this was still in the early stages of investigation and will be reviewed. VC provided an update on the current SARs and Thematic Reviews as detailed in her report.

**‘SAR 2’** – A learning event is taking place on 29<sup>th</sup> November.

**‘SAR 3’** – The trial has now finished and ‘subject A’ was found guilty. This review can now progress.

**‘SAR 4’** – The Mate Crime Consultation Event is taking place on 14<sup>th</sup> November. VC encouraged this to be disseminated widely through provider groups to assure good representation.

**‘SAR 5’** – This review was published on 28<sup>th</sup> September. There was a legal challenge, however following legal advice they continued with publication. On the whole comments were favourable. LL said that from a media perspective she was pleased from the national news that the father was able to have his say.

LL thanked everyone who was involved in the review. This was a complex and challenging review, it was a good example of team work and multiagency support. A lot has been learnt and will inform a smoother running of the current reviews.

The learning event is taking place on 30<sup>th</sup> November. Take up so far has been low and VC asked that board members take this back to their organisations, it is a free half day event and sign up is via Eventbrite. BL said that they would like more front line worker representatives and supported housing providers.

BF gave an overview of the website analytics following publication. The week before publication there had been 113 visitors overall, 21 visitors to the SAR page. After publication there were 912 visitors overall, 2,325 page views and 1900 were unique. The SAR 5 page had 986 views averaging 4 minutes per visit. All the other SCR pages on the website had increased traffic as well.

The Communications Team wanted to know if there was an increase in the report a concern page, BF said that they might see over time an increase in the BCC report a concern page. Referral traffic came mainly from the Guardian and BBC but there was not a huge amount from Social Media.

### **3.2 Risk Register**

BL informed the board that the risks identified regarding organisational change had been added as a new risk. In relation to board finance, there has been some initial agreement but this does not cover the full operational cost and further work is underway.

The risks reduced are in relation to funding for this year the board is in budget. A piece of work has been commissioned through ADASS for a regional thematic review of SARs, there is an event being held to hear the findings and this is being attended by some members of the SAR SG.

KT left the meeting.

Bristol are outliers in relation to the number of SAR referrals received where the subject has survived the abuse and members may need a refresh on the SAR criteria and understanding. Largely they only receive referrals when someone has died.

The board will be starting to deliver Adults Training courses from January; this will be delivered by the BSCB trainer. It will be a small programme and will be aligned with the training standards.

### **3.3 Finance Report**

BL reported that the board was in line to be on budget this year as detailed in the finance report.

### **3.4 Performance & Intelligence Sub Group**

TJ gave a summary of her report and said that they were thrilled that there was a Data Analyst starting in post to assist with aligning to priorities.

LL said that even without the Data Analyst the PISG has made progress.

TR left the meeting.

### **3.5 Adult Social Care Quality Assurance Framework**

MH explained that she was the principal social worker, which is a designated role that the LA needs to have. Part of this work is to develop a quality assurance framework; they have not had a culture of auditing practice. This tool aims to design a professional audit process that will support self-assessment and improvement.

They have been moving towards a strength based approach. This has just been launched and will be introduced in a staged way. MH will report back to the board on the implementation. LL asked that if there were any early messages that this was sent through earlier. MH said that it would feed in through the PISG.

EM left the meeting.

### **3.6 Communication & Engagement Sub Group**

CH gave a summary of her report. The CESG are looking for people who are willing to engage with the media without endangering themselves or their families. CH asked members to get in touch with her if they knew anyone.

The CESG are hoping that the next conference will be on the subject of Mate Crime and asked that people get in touch if they had any ideas for speakers.

TR re-joined the meeting. PN left the meeting.

### **3.7 Learning & Development Sub Group**

BL asked that board members complete the Training Survey that has been circulated. Compliance with this will be reported at the next meeting.

There will be a resource circulated to be used in team meetings regarding the quality of referrals.

### **3.7 Deprivation of Liberty Safeguards**

JK gave a summary of the Governments interim response to the Law Commissions proposals on DoLS as detailed in his report.

JK gave an update on the local Government Ombudsman focus report on MCA and DoLS. The Ombudsman has upheld 20% of complaints. Local Authorities will discuss these cases and JK said that it was worthwhile asking how each organisation is complying with implementing the MCA and DoLS and how we as an organisation are protecting people. The report details key issues and points of good practice.

JK informed the board of a change in the Police and Crime Act, which means that those who die subject to a DoLS authorisation are no more considered to be a death in detention and no longer need to be reported to the Coroner subject to some conditions detailed in the report.

JKs report includes DoLS data and JK asked that board members email him if they have any questions.

## **4. Any other Business**

### **4.1**

- Independent Inquiry into Child Sexual Abuse.

NC explained that the purpose of this inquiry is to consider the extent to which institutions have failed in their duties. It has set up the Truth Project, which is asking adults to report on sexual abuse experienced as a child. These are not investigations and they are managing the expectations with the adults who come forward. The activity within Bristol is significant and data is expected to be released at the end of the month.

LL asked that the board were informed virtually of any update before the next meeting.

- Board Development and Strategic Planning Day

LL reminded the board that this has been arranged for 23<sup>rd</sup> November and they want all board members to attend. There have been no development opportunities for 15 months. LL asked that this event was prioritised.

**Action Grid**

| <b>Item</b>           | <b>Action</b>  | <b>Lead</b>  |
|-----------------------|--|--------------|
| <b>F.010217.3.5.2</b> | The LDSG & PISG to consider how the board can quality assure single agency training.   | <b>PN/TJ</b> |
| <b>F.100517.2.4.2</b> | A letter specifically for GPs to be developed to provide assurances regarding the Care Act requirements of information sharing in the course of a SAR. | <b>PN/BF</b> |
| <b>F.090817.2.6.1</b> | TD to bring a report to the Board on organisational changes in BCC.  | <b>TD</b>    |
| <b>F.090817.3.1.1</b> | VC to bring updates on the 'SCR 1' SCR action plan to the March 2018 Board.  | <b>VC</b>    |
| <b>011117.2.1.1</b>   | BL to identify what safeguarding procedures are currently in place and what work needs to be done regarding sexual exploitation.                       | <b>BL</b>    |
| <b>011117.2.1.2</b>   | Problem profiling to be undertaken by the new data analyst re sexual exploitation  | <b>BL</b>    |
| <b>011117.2.1.3</b>   | BL to look into multi agency risk management in adult populations regarding sexual exploitation.   | <b>BL</b>    |
| <b>011117.2.2.1</b>   | Invite Unseen to provide an update for the Board next year.  | <b>JSBU</b>  |
| <b>011117.2.5.1</b>   | NC to add the amendments to the Multi-Faith Guidance and confirm once the final version is complete.   | <b>NC</b>    |
| <b>011117.2.5.2</b>   | NC & CESG to consider how to launch the Multi-Faith Guidance.  | <b>NC/CH</b> |
| <b>011117.2.6.1</b>   | Board to review the organisational change proposal and provide any further comments to BL within two weeks.  | <b>ALL</b>   |
| <b>011117.2.6.2</b>   | Merging of the Executive Groups to be brought back to the next board.  | <b>BL</b>    |
| <b>011117.2.8</b>     | MD to follow up with AWP for a response to the actions from the joint meeting.   | <b>MD</b>    |