Somerset Safeguarding Adults Board
Final redacted minutes for publication

07 February 2020 (09:30-12:30)

Wynford House, Lufton Way, Yeovil BA22 8HR

Present:

- Keith Perkin (KP) – Independent Chair, SSAB
- Tracy Aarons (TA) – Deputy Chief Executive, Mendip District Council (dialled in)
- Julie Bingham (JB) – Regional Manager Neighbourhoods, Live West
- Victoria Caple (VC) – Avon and Somerset Constabulary
- Rachel Derham (RD), Team Leader IMCA Somerset, Swan Advocacy
- Orla Dunn (OD) – Strategic Manager, Public Health
- Claire Evans (CE) – Senior Probation Officer, National Probation Service
- Hannah Gray (HG) – Manager, Health Watch Somerset
- Cllr David Huxtable (DH) – Cabinet Member for Adult Social Care
- Luke Joy-Smith (LJS) – Managing Director, Discovery
- Nicola Kelly (NK) – Head of Quality and Clinical Governance, Somerset Care
- Emma Lawton (EL) - Safeguarding Locality Lead, Somerset County Council (representing ML)
- Lucy Macready (LM) – Safer Communities Manager, Somerset County Council
- Tanya Maskell (TM) – MH Leader, SWAN Advocacy
- Melanie Munday (MM) – Deputy Safeguarding Lead Nurse for Adults, NHS Somerset Clinical Commissioning Group (Representing SC, VJ and CB)
- Richard Painter (RP) – Director of Safeguarding, Somerset Partnership NHS Foundation Trust and Taunton & Somerset NHS Foundation Trust
- Superintendent Mike Prior (MP) – Avon and Somerset Constabulary
- Glen Salisbury (GS) - Head of Safeguarding Yeovil Hospital NHS Foundation Trust (representing BC)
- Anna Temblett (AT) - Somerset Area Manager, SWAN Advocacy
- Sue Follett (SF) – Business Support, SCC (minutes)
- Stephen Miles (SM) – SSAB Business Manager, Somerset County Council

Attendees for specific items:

- Lynn Stephens (LS) - Strategic Manager, HIS, Somerset County Council (item 3)
- Mandy Carney (MC) - Deputy Director of Urgent Care and Patient Flow, Yeovil Hospital NHS Foundation Trust (item 3)
- Hollie Camm (HC) - Somerset Partnership and Taunton & Somerset NHS Foundation Trusts (item 3 - dialling in)
- Julia Hogg (JH) - Somerset Partnership and Taunton & Somerset NHS Foundation Trusts (item 3 - dialling in)

- Andrew Keefe (AK) - Deputy Director of Commissioning - Mental Health and Learning Disabilities (part)
- Katie Maun (KM) – Sergeant, Avon & Somerset Constabulary (item 6)
- [Redacted] – Person who had experience of being safeguarded (item 6)

Apologies:

- Mel Lock (ML) - Director of Adult Social Services, Somerset County Council (EL representing)
- Sandra Corry - Director of Quality, Safety and Governance, NHS Somerset Clinical Commissioning Group (MM representing)
- Val Janson (VJ), Deputy Director of Quality and Nursing, NHS Somerset Clinical Commissioning Group (MM representing)
- Charlotte Brown (CB), Designated Nurse for Safeguarding Adults, NHS Somerset Clinical Commissioning Group (MM representing)
- Deborah Bilton (DB) - Named Safeguarding Professional for Adults, South Western Ambulance Service NHS Foundation Trust (SWASFT)
- Simon Blackburn (SB) – Chief Executive Officer, Registered Care Providers Association
- Julia Burrows (JB) - Associate Director of Safeguarding, Somerset Partnership NHS Foundation Trust and Taunton & Somerset NHS Foundation Trust
- Bernice Cooke (BC) - Head of Clinical Governance and Assurance, Yeovil District Hospital NHS Foundation Trust
- Mandy Davies (MD) – Safeguarding Manager, Devon & Somerset Fire & Rescue Service
- Lucy Martin (LMa)- Partnership Manager for Bristol and North Somerset, Department for Work and Pensions
- Sally Newell (SN) – Inspection Manager, Somerset, West Dorset and East Devon Team, Care Quality Commission (CQC)
- Stephen Ogilvy (SO) - Lead Independent Mental Capacity Advocate – SWAN Advocacy
- Richard Pitman (RPi) - Compass Disability Services (representing people who use services and the Voluntary Sector)
- Deborah Penny (DP) - Carers' Voice Somerset Partnership Board Officer, Somerset County Council
- Janet Quinn (JQ) - Trading Standards Officer, Devon, Somerset and Torbay Trading Standards
- Amanda Robinson (AR) – Safeguarding Business Manager, South Western Ambulance Service NHS Foundation Trust (SWASFT)
- Kathy Smith (KS) - Housing Officer, Golden Lane Housing
- Liz Spencer (LS) - Head of the National Probation Service - LDU Somerset Cluster NPS South West South Central Division Her Majesty's Prison and Probation Service
- NHS England South West

Circulation:

All SSAB Board Members

Retention of notes

The master set of these notes and background papers are held by SSAB Business Manager. Please destroy your copy when you have finished with it and use the master set for future reference

Item		Action by
1	**Welcome, introductions and apologies:**	
	Members were welcomed to the meeting by KP, introductions were made and apologies noted as above. As the new Independent Chair of the SSAB, KP introduced himself by sharing a brief outline of his background in Devon & Cornwall Constabulary, which allows him to be very aware of the role of Independent Chair of the SSAB. KP explained that he had recently retired and was very excited when this role became vacant in Somerset. Referring to adult and child safeguarding cases in the news, KP noted that the extent of safeguarding activity can be huge. Therefore, KP suggested that the agenda of SSAB meetings can be as wide or narrow as members feel is necessary. KP said that it was important that everyone recognised that the Board's role as a partnership is key to driving strategic co-operation, leadership and improvement across of the whole of the local system. KP reminded everyone of the vision of this Board, and that we need to ensure that meetings are effective and worthwhile with good outcomes. KP invited members to be honest in making the meetings effective, noting that there are 23 areas in the current Strategic Plan and Board members need to consider how key areas are prioritised and how they can support their delivery. Although not for discussion today, KP asked Board members to consider: • what is the Board here for? • what is the Board being told – how does the Board use data and information provided? • How well are organisations and services working together? • culture of the Board and the organisations – how open are agencies going to be when things have not gone well, and the Board needs to strive to make improvements KP recognised that the Board has a good reputation, however that does not mean that there isn't room for improvement – there always is.	
2	**Notes of previous SSAB Meeting held on 08 October 2019:**	
	Minutes of the meeting held on 8 October 2019, were agreed as accurate.	

Item		Action by
	• In future reminders will be sent to allow people two weeks before the meeting to ask them to update progress on any actions. • An Actions Tracker will then be circulated with the papers so that updates on actions are visible to everyone. It will be the responsibility of the action owner to respond with an update so that it can be included in the tracker when it is circulated Update of Actions from meeting held on 8 October 2019: • Competed actions shown on the circulated Actions tracker were noted • Self-neglect and fire – the Greater Manchester Fire and Rescue Service: there is good learning to come from this case study, the DFRS representative had asked to attend this meeting SSAB for discussion, however despite many attempts to contact, SM confirmed he has received no response to date. **KP agreed to escalate this outside of the meeting** • Remaining outstanding actions feature / will be covered on today's agenda.	**ALL to note** **KP**
3	**Discussion: Safeguarding and Hospital Discharges**	
	Following a request from NHS Somerset Clinical Commissioning Group the Board is interested to understand the work that Discharge teams, hospitals and the Hospital Interface Service (HIS) undertake upon a person's discharge when there are safeguarding concerns, e.g. how is a person supported in such circumstances, how are the Mental Capacity Act, Deprivation of Liberty Safeguards (DoLS) and Court of Protection used as frameworks to safeguard people. JH and HC gave an update from a Taunton & Somerset NHS Foundation Trust and Somerset Partnership NHS foundation Trust perspective, and the following points were noted: • Safeguarding referrals, from varying sources, are received as the patient enters the hospital. • The Multi Disciplinary Team (MDT) will pick them up. A picture is pulled together to gain a view of the issues a person is experiencing. • Links are made with the Safeguarding Team in the hospital as early as possible to give a history and to work in conjunction with relevant parties to plan the discharge. • Issues appear to be more visible now, these include an increase in age related issues, housing, hoarding, neglect within the household, financial abuse, etc; some issues can be solved quite quickly, while others need more significant input. • It is not always clear who the decision maker for the individual is when they lack capacity. The team works closely with Adult Social Care (ASC) colleagues, and, where applicable, Community Psychiatric Nurses	

Item		Action by
	regarding whether a person has capacity to make decisions. Decisions need to be reasonable and least restrictive. • Lots of training has occurred regarding Mental Capacity Act and DoLS. • Some patients are under Court of Protection, have gone into Community Hospital beds, then liaisons occur with the Safeguarding Team, colleagues in the Community Hospital, and links are made with ASC too. • Over the last 12 – 18 months links with the Safeguarding Team have become much stronger. • It is felt that an increase in safeguarding issues is because staff are getting better at recognising safeguarding issues. • Staff also recognise the need to listen to the patient and family members, to ensure a full picture of a situation is available to inform and enable the right discharge planning. • More options regarding discharge planning are available now, including a Dementia Pathway framework, allowing people 24-hour wrap around care support for a 72-hour period. Working is also taking place with Village Agents and Community Agents too. • Complex Care Teams are within the community, HC has been involved and shared concerns with them. • An increase has been seen in safeguarding concerns involving children and younger people. Hospitals work closely with Child and Adolescent Mental Health Services (CAMHS) and Somerset County Council, however further work is required. There can be challenges when seeing children out of area; linking with NHS England, but there is further work to do. • RP and his team have undertaken lots of education support, which has been really helpful. RP has robust liaison with the discharge team, they link every day. Children give the most challenges, so with other agencies work is underway on a Complex Care Pathway which has helped enormously, is making a positive difference and has prevented children being stuck on the wards. New intercollegiate guidance for Safeguarding Adults learning and development were published a year ago and RP explained that as a result a lot more staff have received safeguarding training. • RD asked at what point Advocacy would be approached to become involved. • MC confirmed that similar processes are followed at Yeovil Hospital NHS Foundation Trust, they have come a long way and now really understand that a person's capacity is the first thing to consider. It has to be recognised that some people can choose to live in a way that many people would not necessarily choose to. In terms of Advocacy, if	

Item		Action by
	it was felt a person was not acting in their best interests, a referral would be made to the Advocacy Service, however the timeliness of a response is not always helpful and keeping a person in hospital is often not the best choice. The challenge, therefore, is the timely response. • As a system we need to be in a position not to admit a person to hospital if they have no medical needs; admission is not good for them mentally or physically. • The Court of Protection is often an arduous process for all, including the person and their family, and the staff will explore what other options are available before embarking on an application. However, sometimes, particularly where people haven't put arrangements in place when they had the capacity to make a decision, there are no other options. • It might be useful if Advocacy could be involved at an earlier point. • LS added that it is also about turning cases around quickly; need to consider where people can be moved to if they are lacking mental capacity regarding their best interests. JH said they do have a percentage of those patients, but this often comes to a head when the person becomes unwell, and everything else becomes transparent. Generally, Musgrove Park Hospital (MPH) is picking things up / following through safeguarding issues more quickly now. Some things could be picked up in the community, but most issues occur when a person becomes unwell. • JH explained that Ambulance crews often have a dilemma when called out to someone with Dementia, e.g. it can be clear the need is for Adult Social Care or for protection, rather than a medical need, but the person is hospitalised and often can lose various skills due to that hospitalisation. Lots of work is needed to ensure there is a coordinated approach for the person; as home is the best place to be, need to involve as many professionals as necessary to make the person as safe as possible, however sometimes this can go wrong, for example, when the person is unknown to services because of the support provided by a husband or wife and they become unwell in the middle of the night. It is also known that moving more than once can be more detrimental to some people. • GS said finding appropriate placements for patients admitted to Yeovil District Hospital (YDH) from locations in Dorset is the most difficult area in terms of discharge. • JH though it would be interesting to breakdown data into causes of the safeguarding issues, to learn as a system. • In terms of Advocacy, RD works closely with YDH. An Advocate currently working in Taunton is retiring, so need to work on this and spend time in MPH, to allow quicker turnaround, and allow people to	

Item		Action by
	get support when they need it. • MM explained that the CCG proposed this item to gain assurance around the work done on discharge, this is an issue for children, and there was concern whether adults were experiencing the same issues. DH said there is a difference of opinion between ASC and Health, with criticism sometimes being made that people were discharged back in to the community too quickly. Therefore, work is being completed on when people are readmitted, in particular very elderly, frail people, who are readmitted. Assurance is needed at the point of discharge that the right arrangements are in place. • RD noted that referrals have been received by Swan Advocacy for Independent Mental Capacity Advocates (IMCAs), but not referrals from someone with capacity seeking is support. The Hospitals must realise that some might still need help from an Advocate even if they have capacity – generic referrals can be made by anyone, preferably with consent from the person. Advocacy will respond to referrals as quickly as possible. **RP asked Advocacy to provide him with promotional material**; RD to send SM links to be circulated to the Board and RP hard copies / leaflets to be provided to patients. • In a case where a child turned 18 whilst in hospital, MM confirmed that the person would still remain on the Children's ward, but as there is a transitions route to follow from an earlier age, discussions would have occurred between Children's and Adults Social Care earlier than the hospital admission. GS confirmed that in her experience with patients in this situation there have been no issues, as plans have already been put in place. • MC suggested that there is a need to offer assurance regarding discharges into Home First, although from her perspective the issues were in areas other than safeguarding. LS said the idea is for the person is to go home for an assessment, if the person is suitable for Home First with a wrap around at home for a short time in most cases, but if the person is deemed not to be safe at home, they would be returned to a bedded facility rather than a hospital. LS noted that the results of an external review of the Home First Service are due very soon and that following anxieties regarding discharging too early, a deep dive into re-admissions was completed. • DH pointed out that if, as a system, we are going to keep acute hospitals off of OPEL 4 (the highest Operational Pressure Escalation Level - OPEL) we need to continually modify and test the system. DH to speak with Dorset Council to discuss how it works there. KP to speak to the SAB Independent Chair in Devon to discuss what happens there. • RP noted that there is an element of how well we work together as a	**RD** **DH** **KP**

Item		Action by
	system when people might be readmitted due to safeguarding situations, to protect people and prevent them from returning to a situation that might be abusive. There is room for improvement and good links between the acute hospitals and the rest of the system is key. • MM noted that lots of progress has been made since the agenda item had been proposed and will brief SC and VJ on this. • KP said in terms of quality assurance around audits and external reviews, the learning from both sides will get picked up from these mechanisms. It will be good to get the outcomes of the external reviews. LS suggested that IMPOWER's Home First Service review recommendations could be reported at a future meeting. Action: **Executive Group to consider this as a future agenda item**	**MM** **Exec Group**
4	**Mental Health Crisis Concordat Update**	
	AK gave a further update in addition to written notes provided in his absence at the last meeting. The following comments were noted: • AK felt that the MH Crisis Concordat had somewhat lost its way; work has been completed, reviewed, refocussed, different functions have been explored, regarding better managing people in a place of safety. Effectively this had become a group looking Places of Safety (also referred to as section 136 suites). • There are now two Places of Safety, one in Taunton and one in Yeovil. However, although the situation is much better, there is often pressure on these. • The relocation of St Andrews Ward, Wells to Yeovil is being considered; the new location would consist of the same number of beds, plus extra beds, increasing the provision of Places of Safety. • There are times of peak pressure, but this is well manged. • The Crisis Concordat separated out functions, established two groups, but these were more operational than strategic. The Clinical Commissioning Group, Somerset County Council, Avon & Somerset Constabulary and South Western Ambulance Service NHS Foundation trust are now meeting a different forum is more strategic – the Regional Crisis Concordat Group. • During the review of the plans of the Crisis Concordat Group it was agreed that some sat better with other groups, and some were more of a 'wish list' which the group did not have the resources or authority to progress. As a result, the Crisis Concordat Group has been stood down. • The Mental Health and Learning Disabilities Programme Board has been formed, this is a multi-agency group that meets monthly, and is chaired by Dr Peter Bagshaw. This is now taking responsibility for the key pillars of the Crisis Concordat, including the prevention of going to crisis,	

Item		Action by
	improving access to crisis interventions, improving the quality of crisis support and keeping people well post crisis, have been the multi-agency collaborative approach in developing the emerging model of mental health support in Somerset. • Mindline, the telephone crisis line has been extended and aims to relieve pressures from Emergency Departments (EDs), e.g. when people are at an acute level of distress and would have ordinarily presented at EDs. • The Crisis Concordat group could be set up again if necessary or if pressures in the system required it. • KP asked if the focus is on wellness, is there a focus on protecting and safeguarding rather than just keeping people well. AK replied that whilst looking at the most vulnerable people who fell through the gaps, people would move up / down depending on their need. There will be an infrastructure in place to support those people in crisis needing support. • AK noted that, the emerging model, which has been recognised by NHS England at a national level as being innovative and effective, is being used now; the key component is collaboration with the Public Sector, the procurement process has been gone through and is now in implementation stages. New staff are coming in countywide, this is evolving, engagements with appropriate agencies are occurring; there should be a working model by April, as there already is in some parts of the country. • Some people with mental ill health do not feel this change yet, but TM said Advocacy tends to hear from the people who are not feeling it. • KP requested regular updates on this, to focus on the safeguarding element of this. DH asked if this could be a written update circulated with the papers rather than a verbal one in future. **Action:** AK to provide a written update for the October meeting.	**AK**
5	**Discussion: Opportunities for developing an Intelligent Safeguarding Approach:**	
	SM explained that previously there was agreement from the Board to take this topic forward, to set up a Task and Finish Group, however, take up was low. Update was provided and discussions ensued: • MP stated that there is agreement from Chief Executives to share relevant Police data with the Health, Social Care and Voluntary Sector; to filter through the system to identify vulnerable people. A meeting was convened as an off shoot from the Health and Wellbeing Board, giving a total of people involved in the social care workforce. The three systems need to come together, with a system sitting over the top to capture the really vulnerable people. The next step is to step up the	

Item		Action by
	overarching panel, consider whose role it is to get all Boards to link together, to be system leadership about how to share data effectively and safely to help vulnerable people, whilst complying with data protection legislation. • KP noted that as a Board we need to know that the system is trying to do the right thing, and to show it is doing the right thing. To look at the issues around data sharing, to take this forward in Somerset to keep all partners engaged and do this as effectively as possible for all the right reasons. Using data in the right way will enable identification of priority areas - for example by looking at high level, anonymised data, it can inform if resources need to be redirected if, for example, we start to see a pattern of a particular type of abuse or neglect in a specific area. • KP emphasises that it is key for the SSAB to keep pushing for this to happen, and to obtain timescales. TA confirmed that she was leading on convening this on behalf of the Health and wellbeing Board and that more information would be available over the next few weeks. A Terms of Reference is being looked at; agencies will be prompted to put people forward to set up a Panel and to agree the Terms of Reference. KP confirmed the Board will support this going forward and that SM would represent the SSAB on the group. **Action:** TA to note SSAB representation.	**TA**
	Break	
6	**Safeguarding personal Case Study –** [Redacted] **and Sgt Maun:**	
	MP explained that KM and [Redacted] had come to talk to the Board about positive work undertaken by the police when [Redacted] was in a vulnerable situation as a result of county lines activity. KM introduced [Redacted] who talked about his experience, and the following comments were noted: • KM and colleagues worked closely with [Redacted] to help him out of a bad situation. • [Redacted] talked about a group of young men who came from London and took over his house. They went around the town, knocking on doors of vulnerable people to target them. • KM explained that [Redacted] had been an addict for a long time, and the County Lines gang took over his property, while in terms of his housing provider he was seen to have "allowed" this to happen, but because of his vulnerabilities, the gang coerced and took advantage of him. He was cuckooed, and [Redacted] talked about how this could happen to anyone who was valuable and how he was threatened, as the gang members has had guns and knives. This situation had been going	

Item		Action by
	on for a couple of months when [Redacted] said he wanted to get out of this situation. • The police helped [Redacted], they took action to disrupt the gang and helped him to find a new home. KM said they were looking at this safeguarding perspective rather than enforcement from [Redacted] perspective and worked with other organisations in the local system to move [Redacted] to a place of safety. • [Redacted] was aware of the County Lines set up and realised what was happening, but initially he didn't know how to ask for help. • It is known that when County Lines gang members are arrested, the gang will usually replace them with others not know to the local police. • MP noted that housing providers have supported a number of emergency moves to help vulnerable people in similar circumstances and that providers had changed their thinking in realisation that the tenants involved are often are victims and need help with housing. • [Redacted] said that one of KM colleagues had been particularly supportive and would talk to him. • [Redacted] felt he should have got help from Adult Social Care - someone did go to see him, but he felt they couldn't offer him the help that he needed. He also spoke to other organisations before asking the police for help and said that he felt that he was refused help by others because he was a 'junkie' ([Redacted] words), and that if he had not received support from KM and her colleges, he would be still in the same position. • [Redacted] said that as a result of the help he had recieevd from the police and his housing provider he now feels safe, and has not been targeted since he moved. • **Learning:** o KM said that she was unaware of any problem [Redacted] had with Adult Social Care, but recognised that cohesive working in the neighbourhood is required. Neighbourhood policing works well and Officers and PCSOs persistently visit vulnerable people, however there is a need for all agencies to be involved as early as possible to share information. o Some agencies find people are reluctant to engage, but it might be that that person is engaging well with other agencies, that others need to work with that agency to make progress. o Housing providers sometimes they find it difficult to link with other organisations, but do have good links with the police. It is recognised that Housing is key as they are providing the roof over someone's head. • MP noted that there are few staff in roles such as KM's across Somerset,	

Item		Action by
	but there are lots of County Lines and it is difficult dealing with them - arrests can be made in Somerset, but more people will arrive to replace them. This can include vulnerable children and adults who are sent to continue with 'business'. It is starting to be recognised that the police [Redacted] gave permission for his story to be used as a Case Study. **Action:** LM to speak to KM outside of this meeting to discuss inclusion of [Redacted] experience in the Somerset County Lines Strategy, which she is currently writing.	**LM/KM**
	• It is possible that [Redacted] did not know where to ask for help; we need to ensure as a system that this is easier for people. It was suggested that he could have rung Somerset Direct in the first instance, but if he did not know the number, then this would be difficult. **Need to ensure that Somerset Direct and other relevant contact numbers are better publicised / accessible, and all agencies can be linked together to respond.**	**ALL**
	• GS noted that we need to ensure that staff do not blame the victim, and therefore need to educate staff not to do this. The criminals know if they exploit vulnerable people such as [Redacted], that agencies may not get involved. **It is key that we need to listen to everyone.**	
	• KP thanked [Redacted] and KM for attending today's meeting; this story will make a difference and key messages will emerge e.g. where to go for help, where to find contact numbers. **We need to work beyond previous difficulties, and we will aim to improve joint working in this subject.** Need to look at the whole context of [Redacted] story, and the knock-on effects; the challenge is what do we do.	
	[Redacted] and KM left the meeting and the discussion continued:	
	• TA noted that housing have segmented areas, and undertake home visits to gain intelligence, but find it difficult to link with agencies to get further support. [Redacted] story is an everyday occurrence; need to understand the real importance of other agencies, getting housing involved / link better because of the work they are doing, to help people like [Redacted].	
	• TM suggested there is a need to get away from the framework about a person not engaging in the past and instead look at the person now, as they might be in a different place and might engage; need to then consider what has changed / what can be changed. Numerous people with a past of not engaging can be shut down by services, this cannot be used as an excuse anymore. The hard to reach people in similar situations to [Redacted] need to be helped.	
	• OD pointed out that it is important to hear the other side of [Redacted] story, e.g. from Adult Social Care's perspective – it might be that rather than not being willing to help, the situation was that he didn't have a	

Item		Action by
	social care need that they could offer support with at that point in time. It is known that sometimes people fall through the gaps, this case will not be an exception, perhaps help could be offered differently and people signposted where a different organisation is better placed to support the person. • EL noted that while it would be impossible for the Safeguarding Service to work with everyone effected by every one of the County Lines occurring, it is possible that [Redacted] slipped between the eligibility criteria for Adult Social Care Services at the time, but didn't feel it would happen now.. • LJS mentioned that he had arranged for information to be presented to Discovery staff on County Lines, but added that it is difficult to find someone who could promote awareness and signs to look for. • MP emphasised that [Redacted] had changed his life, and has made an enormous difference to him. We should all ensure we do not write people off when they are hard to engage with, to avoid it being hard for them to re-engage; Partnerships and agencies should work together with such people. The local police would have known about [Redacted] as someone who used drugs for many years, however things changed when he had started to have a lot of 'friends' at his house. • The outcome from this is for [Redacted] experience to feed into the County Lines Strategy being developed by LM.	
7	**Update on Somerset Violence Reduction Unit:**	
	LM presented an update on the work of the Unit since it was established in September 2019, and ongoing plans. The following comments were noted: • Somerset is lucky to be getting this investment; £350k has to be spent by the end of March 2020 • LM has been asked to write a response strategy, problem profile, taking a Public Health approach. The Strategy will be presented in March. • All funds have been allocated - some had to go on interventions and some on people. The approach has been to work with existing staff, and those given by other authorities, and this has allowed the funding available to be prioritised towards interventions. • Progression in Somerset is positive, the outcomes seen are good; some of Somerset's examples have been sent to the Home Office. • Over 90 positive engagements to cover a range of issues, have occurred in 6 months. • Secondary Schools have participated in a competition whereby students have been encouraged to produce a video regarding key messages and those messages have gone out through the competition. Stand Against Violence have also been to do work with Primary Schools, looking at	

Item		Action by
	consequences of violence. • Various staff / roles are linked to the Serious Violence Unit, but a Health Lead is also needed, to consider reports as they come through. Unfortunately, there was no suitable candidate, this could possibly be linked to the timeline, but looking at progressing this for this year. • Also need greater Government coordination; there are people who could work in the post, but the service is already stretched and to allow people to leave their posts at short notice to do the role was a challenge, which was frustrating; LM hopes to remedy this if the work is extended. • Pathway for people such as [Redacted]: currently looking at existing processes and meeting structures. Need a pathway for multi-agency responses; LM feels the right meetings and people are there now, but the information needs to flow, this is being progressed. • Aiming to strengthen links with Community Leaders. • Comms work: someone will be in post to do this work from April. • Looking at what violence looks like in Avon and Somerset, including knife crime, but it is apparent that a lot comes from non bladed weapons, so also looking at other weapons. • Need to focus on 10 – 17-year olds with an aim to preventing them becoming entrenched. • Further money is available for the Violence Reduction Unit, LM needs to bid for this for a 12-month period, but the ambition is to continue the work, and embed the practices they have into business as usual. • LM worked with MPH recently on obtaining violence from ED data; LM will also approach YDH, and then train staff to record in a way that allows themes to be identified. • Where the people being injured are not resident in Somerset it is difficult to pick up who is involved in a situation. • KP thanked LM for the presentation. • KP stated that it is apparent that there will be victims, and repeat victims, do we know who they are in Somerset, and do we know who has care and support needs. LM answered that this data is in the process of being refined, acknowledging that it will help the system to know those who are likely to become victims, and try to intervene to prevent this. • LM is keen to get Comms and Engagement roles running to get intelligence to support the data. • **LM to give an update at the October SSAB meeting – to identify the types of people and vulnerabilities that are at risk** • KP and MP emphasised that this was a piece of work that was being led by that Safer Somerset Partnership (SSP) and while the SSAB would be a	**LM**

Item		Action by
	key partner in terms of taking the work forward within the wider system the lead sat with the SSP rather than the SSAB.	
8	**Progress update from Executive Group and refresh of Strategic Plan:**	
	• SM circulated the Strategic Plan with an update prior to this meeting. • **KP asked if there were any questions or comments about the update – none were received.** • **SM asked for any comments on to include in a refresh for the 2020/21 financial year to be sent to him by the beginning of March** • **KP and SM to meet to consider the Plan with a view to a refreshed version being considered by the next Executive Group prior to publishing.**	**ALL** **SM/KP**
9	**Letter received from Diocese of Bath and Wells:**	
	A letter from the Diocese of Bath and Wells was circulated with papers ahead of today's meeting. • KP has agreed that SM will coordinate a response on behalf of the Board – **any organisation with information to send this to SM by the end of February.** • **RP to speak to SM regarding the response he is coordinating on behalf of the two Trusts**.	**RP / SM**
10	**Sign-off arrangements for SARs in progress:**	
	• SM referred to a number of Safeguarding Adult Review that are currently in progress. In the past SARs have come to Board for discussion, however because there are potentially 3 SARs ready for sign off at next Board, which would be a substantive item, SM asked what approach the Board wanted to take regarding sign-off. • KP suggested as an alternative SARs could be signed off at the Executive Group, with the report being circulated to the Board before sign-off, with comments sent to SM by email. • The Board **agreed** that: o The Executive Group would consider the draft report prior to circulation o If agreed for circulation this would then be circulated to all Board members with an opportunity for comment o The Executive Group would receive details of the comments received alongside the final draft report for Executive Group for final sign-off for publication.	**Exec Group**
11	**Items for next Meeting and Newsletter:**	
	• **KP asked members to consider and feed back to SM suggestions for a half hour discussion of safeguarding issues that needed to be considered across the system**.	**ALL**

Item		Action by
	• SM noted that it had previously been proposed that an item be included in June to consider is how commissioners are working in terms of monitoring where restraint is being used in services. It was **agreed** that this would be discussed by the Exec Group. • OD suggested things could emerge from the Audit across Somerset, as being weaker areas; SM confirmed this has occurred in the past. • Experience to discuss: someone has been nominated by the Safeguarding Team – a domestic abuse case, supported at GP surgery by a Health Coach and the Safeguarding Team. **Action:** SM to make arrangements.	**Exec Group** **SM**
12	**Any Other Business:**	
	• No further business was raised. • OD stated that going forward Alison Bell will be taking over as Public Health representative at the Board. Alison also leads on Children's Safeguarding and will give a joint approach. KP thanked her for her work as part of the Board KP closed the meeting by thanking everyone for their attendance and contributions today.	
	CLOSE	

Future Board Meeting dates:

12th June 2020, County Hall, Taunton TA1 4DY – Room B1N1
October 2020 – Bridgwater Police Centre