



## Somerset Safeguarding Adults Board Draft minutes

09 February 2021 (09:30-11:30)

Microsoft Teams

### Present:

- Keith Perkin (KP) – Independent Chair, SSAB
- Val Janson (VJ), Acting Director of Quality and Nursing, NHS Somerset Clinical Commissioning Group (representing SC)
- Superintendent Mike Prior (MP) – Avon and Somerset Constabulary
- Anna Littlewood, Deputy Director, Operations, Somerset County Council
- Tracy Aarons (TA) – Deputy Chief Executive, Mendip District Council
- Jacob Ayre, Head of Service, Swan Advocacy
- Amanda Maggs, Shared Lives South West
- Charlotte Brown (CB), Designated Nurse for Safeguarding Adults, NHS Somerset Clinical Commissioning Group
- Bernice Cooke (BC) - Deputy Director Quality Governance, Patient Safety and Safeguarding, Yeovil Hospital NHS Foundation Trust
- Paul Chapman (PC) - Inspection Manager, Care Quality Commission (South West England)
- Hannah Gray (HG) – Manager, Healthwatch Somerset
- Julia Mason (JM) - Associate Director of Safeguarding, Somerset NHS Foundation Trust
- Cllr David Huxtable (DH) – Somerset County Council Cabinet Member for Adult Social Care
- Kathy Smith (KS) - Housing Officer, Golden Lane Housing
- Lucy Macready (LM) – Safer Communities Manager, Somerset County Council
- Lucy Martin (LMa)- Partnership Manager for Bristol and North Somerset, Department for Work and Pensions
- Victoria Caple (VC) – Avon and Somerset Constabulary
- Hamish Robertson (HR), Hamish Robertson South West Group Senior Safeguarding Leader, Department for Work and Pensions
- Nicola Kelly (NK) – Head of Quality and Clinical Governance, Somerset Care
- Hannah Webber (HW) – Safeguarding Officer, Devon and Somerset Fire and Rescue Service
- Anne Harrison, Prevention and Safeguarding Manager, Devon & Somerset Fire and Rescue Service
- Rosie Luce, Regional Safeguarding Lead, NHS England & NHS Improvement South West
- Helen Orford, Managing Director, Discovery
- Stephen Miles (SM) – SSAB Business Manager

### Attendees for specific items:

- Pip Cannons, Strategic Manager, Commissioning, Adult Social Care, Somerset County Council (for item 7)
- Samantha Dean (SD), Social Worker, Safeguarding Adults Team, Somerset County Council (for item 3)

- Alice Pimm, Student Social Worker, Safeguarding Adults Team, Somerset County Council (for item 3)

### Apologies:

- Mel Lock (ML) - Director of Adult Social Services, Somerset County Council (AL representing)
- Sandra Corry - Director of Quality, Safety and Governance, NHS Somerset Clinical Commissioning Group (VJ representing)
- Alison Bell, Consultant in Public Health, Somerset County Council (LM representing)
- Julie Bingham (JB) – Regional Manager Neighbourhoods, LiveWest
- Becky Arrowsmith (BA) – Golden Lane Housing (KS representing)
- Claire Evans (CE) – Senior Probation Officer, National Probation Service
- Kate Norris (KN) - Clinical Nurse Manager, Marie Curie Somerset & Dorset
- 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
- 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)
- 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

### 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

There is currently no Highlighted text to be redacted in the published notes

Item	Action by
1	<b>Welcome, introductions and apologies:</b>
	Members were welcomed to the meeting by KP, introductions were made and apologies noted as above.

2	<b>Notes of previous meeting and matters arising (13 October 2020) and action tracker</b>	
	<p>The minutes of the meeting held on 13/10/2020 were <b>agreed</b> as accurate, with no proposed redactions to the version for publication. <b>Action:</b> SM to publish on the website.</p> <p>The action tracker was reviewed and it was <b>agreed</b> that all the actions related to agenda items, or had been completed or superseded.</p>	<b>SM</b>
3	<b>The experience of professionals working in adult safeguarding – Sam Dean, Adult Safeguarding Service, Somerset County Council</b>	
	<p>SD presented an overview of the role of Somerset County Council’s safeguarding service, it’s work during the pandemic, and areas of learning.</p> <p>Key points made by SD during the presentation included:</p> <p><b>Positives</b></p> <ul style="list-style-type: none"> <li>• The service continued to focus on Making Safeguarding Personal – including talking to the individual that the safeguarding concern is about and gaining their views, wishes and desired outcomes, and listening to those who are acting in their best interests when they can’t speak for themselves.</li> <li>• Partnership working with colleagues from other organisations, for example: <ul style="list-style-type: none"> <li>○ Working in collaboration with the Community and Village Agents, their assistance is vital to assisting individuals whom we support in our communities</li> <li>○ Partnership with the Devon and Somerset Fire Service (DSFRS), Home Safety Team – the Safeguarding Service can refer with it’s partner number, which means DSFRS accept the referral as triaged by the service.</li> <li>○ Partnership working with Housing Officers from Housing Associations</li> <li>○ Working alongside local Police Community Support Officers (PCSO’s)</li> <li>○ Advice and partnership working with the Police Safeguarding Unit (Lighthouse Safeguarding Unit - LSU)</li> <li>○ Partnership working with the Somerset Drug and Alcohol Service (SDAS)</li> <li>○ Partnership working with charities, for example The Nelson’s Trust</li> </ul> </li> <li>• Work in collaboration with Somerset Foundation Trust’s Safeguarding Team</li> <li>• Work with Somerset County Council’s Adult Social Care Quality team to improve services for people within care settings</li> <li>• Work with the Somerset Integrated Domestic Abuse Service (SIDAS) and their Independent Domestic Violence Advisers (IDVAs), especially with older people who SD felt had sometimes been ‘forgotten’ in the past through a lack of recognition of domestic abuse among older adults.</li> <li>• SD emphasised that the Safeguarding Service works with some very caring and compassionate care providers – who are cooperative and</li> </ul>	

transparent, to ensure the best outcomes for the individuals they support.

- General Practitioners (GPs) – for example, when trying to arrange a face to face visit with someone who is being domestically abused they have gone over and above to try to support this
- The support provided by the wider County Council, for example the management of PPE as without this, the service would not have been able to carry out the home visits it needed to make, and latterly the roll out of vaccinations by the NHS.

### **Challenges**

- Access to Housing Options and Homelessness support
- Homefinder applications being online only, which for many individuals the Safeguarding Service works with, who have not got access to the internet, is a large barrier
- Partner agencies not always understanding the role or remit of the service before making referrals
- Other agencies and professionals not taking immediate action. For example, not speaking to the manager of a care home at the time of seeing an incident, and instead leaving and reporting it within their own organisation, which then in turn refers it to the Safeguarding Service.
- Agencies and professionals not being open with individuals regarding a contact they are making to the Safeguarding Service / referring people without their consent
- Some providers can be defensive and hostile, when the Safeguarding Service is there to help and support
- ‘Light touch’ care management, telephone reviews and assessments within locality teams during the pandemic have meant that people have been seen remotely, rather than in their own homes. For example, someone saying they are coping over the phone.
- Overuse of the word ‘vulnerable’. For example, professionals not always considering what care and support needs an individual has and how these are directly impacting on their ability to protect themselves from harm before making a referral
- COVID has brought challenges and restrictions – other partners not carrying out essential home visits, has increased the work the service does
- It would be good if advocacy services could allocate an advocate for a Section 42 enquiry if the Safeguarding Service asks and has triaged the need for an advocate
- Other professionals not being willing to undertake Domestic Abuse, Stalking and Harassment (DASH) risk assessments, when this should be part of everybody’s role
- Banks, especially due to Covid. Not being able to make appointments to open an account; being told to go online for people who have no access to the internet nor would understand online banking

### **Learning:**

- For the Safeguarding Service to think about wider connections and

	<p>link with the Violence Reduction Unit, in possible situations of County Lines, when individuals are exploiting adults</p> <ul style="list-style-type: none"> <li>• As a Service to have a better knowledge and understanding of trauma and trauma informed interventions</li> <li>• For there to be further training for all social workers and health professionals in undertaking DASH risk assessments</li> <li>• For there to be an evaluation of the current arrangements for Multi-Agency Risk Assessment Conferences (MARAC) to ensure they are fit for purpose</li> <li>• For there to be better links between Adult Social Care Services and District Councils regarding housing, homelessness and Homefinder</li> <li>• Self-neglect – Somerset Independence Plus to not solely work with people who have been assessed as having a hoarding level of 4 and above, as some of the individuals at severe risk of self neglect do not hoard belongings.</li> <li>• Safeguarding is everyone’s business and the standard you walk past is the standard you accept</li> </ul> <p>A discussion took place during which the following points were made:</p> <ul style="list-style-type: none"> <li>• JA noted that anyone who was subject to an enquiry under section 42 of the Care Act should be able to access support from an advocate if they have substantial difficulty in understanding the process, so there shouldn’t be any triaging happening. <b>Action:</b> JA to speak to SD after their meeting to understand SD’s concerns.</li> <li>• VJ asked SD if the service checked people’s executive functioning, where people said they could do things but in reality they couldn’t. SD responded that the service did not assess this separately, but did undertake Mental Capacity Assessments where there was a concern about someone’s capacity, and would look at executive functioning as part of this. SD outlined the process that the Service undertook when visiting someone, explaining how she might ask someone to show her how they do something where there was a concern about their executive functioning.</li> <li>• KP asked about Homefinder and the if there was any issues with consistency in relation to village agents. TA responded re: Homefinder outlining the systems for housing officers to support individuals that had been put in place when it was originally set up and remained in place. SD explained that accessing this was often a hurdle for people, and asked if a referral from Adult Social Care could be accepted as evidence that someone did need support without them needing to demonstrate it further. <b>Action:</b> SD to speak to TA outside of the meeting to explore how things could be improved. Regarding village/town agents TA and MP highlighted some issues with coverage in some areas of the County. <b>Action:</b> KP asked AL to pick this up with ML.</li> <li>• VJ asked if there were any changes in the types of referral since the beginning of the pandemic. SD responded that they were increasing in complexity, particularly where people were self-neglecting and that this was not being picked up by other professionals due to the restrictions in place as a result of the pandemic.</li> </ul>	<p style="text-align: center;"><b>JA/SD</b></p> <p style="text-align: center;"><b>SD/TA</b></p> <p style="text-align: center;"><b>AL</b></p>
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	<ul style="list-style-type: none"> <li>CB asked SD to explain the impact of the challenges in relation to the DASH. SD gave an example of someone who was in hospital as a result of a road traffic accident where a DASH was requested, but there was difficulty in identifying someone to carry it out. LM gave reassurance that a domestic abuse learning programme was being commissioned that would be free to all agencies, and that this would include a section on the completion of the DASH. JM gave reassurance on the process within Somerset NHS Foundation Trust.</li> </ul>	
<b>4</b>	<b>Update on Domestic Abuse Bill</b>	
	<p>LM gave a detailed presentation that provided an overview of the Bill, which is expected to get Royal Assent shortly, and the work that was currently underway in Somerset to prepare for it.</p> <p>A discussion took place during which the following points were made:</p> <ul style="list-style-type: none"> <li>KP asked about the role of the local partnership board and the role of Safeguarding Adult Boards. LM outlined the current representation on the board from adult safeguarding services and confirmed that there was no intention to reduce it.</li> </ul> <p><b>Action:</b> SM to circulate LM's presentation after the meeting  <b>Action:</b> LM to give a further update at the next meeting once the Bill has received Royal Assent and statutory guidance has been published.</p>	<p><b>SM</b> <b>LM</b></p>
<b>5</b>	<b>Consideration for sign-off of draft 'Damien' Safeguarding Adults Review</b>	
	<p>SM gave an overview of the review and the recommendations, and the Board agreed that it should be published in full, subject to the Board receiving consent from Damien's family.</p> <p><b>Action:</b> SM to discuss the publication of the report with Damien's family, and, if agreement is received, arrange for the report to be published and promoted.</p>	<p><b>SM</b></p>
<b>6</b>	<b>An opportunity for Somerset NHS Foundation Trust and Yeovil Hospital NHS Foundation Trust to share their responses to the Ockenden Review</b>	
	<p>BC gave a brief overview of the background and both JM and BC confirmed that the national recommendations were in the process of being implemented, robust action plans were in place and were being reported back to NHS England and Improvement.</p> <p>VJ confirmed that NHS Somerset CCG's senior commissioner for this area was working on this.</p> <p>It was <b>agreed</b> that no further updates were required, but that VJ would raise any issues relating to Safeguarding Adults with the Board's Executive Group if required.</p>	
<b>7</b>	<b>Delivering our strategic plan: Section 2, Enabling people to keep themselves safe</b>	
	<p>KP introduced the item, introducing Pip Cannons who had been invited to speak about the promotion strategy being used by the Vulnerable People &amp; Community Resilience Cell, and asking what the Board could do as a</p>	

	<p>partnership to support people who were ‘just about managing’ and were at risk of requiring support from statutory services.</p> <p>A discussion took place during which the following points were made:</p> <ul style="list-style-type: none"> <li>• DH noted that, in some respects, we will not know the full extent of issues in this area until people emerge from the current lockdown</li> <li>• AL noted that while there were always people in the community at the tipping point of needing support, this had been accelerated due to isolation, and that people being admitted to hospital had greater levels of dependency on discharge. AL also noted the impact of the pandemic on informal support arrangements, and that more people who were not previously known to services were being identified. KP asked if any analysis of the data was taking place, and AL confirmed that it was as part of an evaluation of the Intermediate Care System.</li> <li>• BC noted the impact of the pandemic on people’s wider care arrangements, for example where people were previously being supported by their extended families.</li> <li>• HG talked about the issues highlighted to Healthwatch that were pushing people towards a ‘tipping point’ that were different to those that were normally seen, as they related to things in the community that were normally readily available.</li> <li>• PC gave an overview of the work undertaken by the Vulnerable People &amp; Community Resilience Cell in order to promote people’s resilience in a holistic way, get hold of essential supplies and transition out of restrictions as they end. The work isn’t targeting any specific group, but is about doing everything that can be done as a system to ensure that nobody is left behind within what can be reasonably done.</li> <li>• AL and PC highlight the need to take a strength-based approach to enable people to get on with their lives without becoming dependent on the support provided during the pandemic.</li> <li>• KP asked if there were any key messages that the Board could promote. PC suggested that the Board could promote the communications through its website and social media account, which SM confirmed was already taking place.</li> <li>• BC asked if arrangements were in place for people who did not use social media or could not use the existing helpline to access support, which PC confirmed were in place.</li> </ul>	
8	<p><b>Progress update from Executive Group on the strategic plan and consideration of any changes for 2021</b></p>	
	<p>SM provided an update on progress, and noted that where meetings had been postponed this was because of partner members needing to prioritise work in relation to the pandemic rather than a lack of commitment to the work of the Board.</p> <p>There were no questions on the update</p> <p><b>Action:</b> Board members to share information on existing processes for gathering feedback with SM by the end of the month so that this could be considered by the executive group at its March meeting.</p>	<p><b>ALL</b></p>

	<b>Action:</b> KP asked for any feedback on the draft strategic plan circulated with the agenda to be sent to SM by the end of the month.	<b>ALL</b>
<b>9</b>	<b>Items for next meeting and newsletter</b>	
	SM explained that the NICE Guideline on Safeguarding adults in care homes had not been included on the agenda as it had not been published yet. <b>Action:</b> SM to include on the agenda for the next meeting if the guideline has been published.	<b>SM</b>
	<b>Action:</b> Any content for the newsletter to be sent to SM	<b>ALL</b>
<b>10</b>	<b>Any Other Business</b>	
	None.	
	KP thanked everyone for their attendance today.	
<b>Future Board Meeting dates:</b> 11 <sup>th</sup> June 2021 – Microsoft Teams Meeting 12 <sup>th</sup> October 2021, Microsoft Teams Meeting 10 <sup>th</sup> February 2022, Microsoft Teams Meeting		