



## **Somerset Safeguarding Adults Board**

### **Final redacted minutes for publication**

### **12 June 2020 (09:30-12:00)**

**Microsoft Teams**

#### **Present:**

- Keith Perkin (KP) – Independent Chair, SSAB
- Mel Lock (ML) - Director of Adult Social Services, Somerset County Council (from 09:45)
- Sandra Corry - Director of Quality, Safety and Governance, NHS Somerset Clinical Commissioning Group
- Tracy Aarons (TA) – Deputy Chief Executive, Mendip District Council
- Becky Arrowsmith (BA) – Golden Lane Housing
- Paul Chapman (PC) - Inspection Manager, Care Quality Commission (South West England)
- Darren Peters (DP) - Area Manager, Devon and Somerset Fire and Rescue Service
- Cllr David Huxtable (DH) – Somerset County Council Cabinet Member for Adult Social Care
- Claire Evans (CE) – Senior Probation Officer, National Probation Service
- Hannah Gray (HG) – Manager, Health Watch Somerset
- Hannah Webber (HW) – Safeguarding Officer, Devon and Somerset Fire and Rescue Service
- Julia Mason (JM) - Associate Director of Safeguarding, Somerset NHS Foundation Trust
- Julie Bingham (JB) – Regional Manager Neighbourhoods, Live West
- Kate Norris (KN) - Clinical Nurse Manager, Marie Curie Somerset & Dorset
- Lindy Fountain (LF) - Team Manager (Somerset), SWAN Advocacy
- Lorna Wilson (LW) - Better Practice Manager, Discovery
- Lucy Macready (LM) – Safer Communities Manager, Somerset County Council
- Lucy Martin (LMa)- Partnership Manager for Bristol and North Somerset, Department for Work and Pensions
- Superintendent Mike Prior (MP) – Avon and Somerset Constabulary
- Nicola Kelly (NK) – Head of Quality and Clinical Governance, Somerset Care
- Rachel Derham (RD), Team Leader IMCA Somerset, Swan Advocacy
- Victoria Caple (VC) – Avon and Somerset Constabulary
- Steve Veevers (SV) -
- Glen Salisbury (GS) - Head of Safeguarding Yeovil Hospital NHS Foundation Trust (representing BC)
- Stephen Miles (SM) – SSAB Business Manager

#### **Apologies:**

- Charlotte Brown (CB), Designated Nurse for Safeguarding Adults, NHS Somerset Clinical Commissioning Group (MM representing)
- Luke Joy-Smith (LJS) – Managing Director, Discovery (SV and LW 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
- Bernice Cooke (BC) - Head of Clinical Governance and Assurance, Yeovil District Hospital NHS Foundation Trust
- 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

<b>Item</b>	<b>Action by</b>
<b>1</b>	<b>Welcome, introductions and apologies:</b>
	<p>Members were welcomed to the meeting by KP, introductions were made and apologies noted as above. It was noted that ML would be joining the meeting at approximately 09:45 due to another call. KP noted that this meeting has been arranged to take place remotely as a result of the ongoing Coronavirus Public Health Crisis, and that because of this it had not been possible to include someone speaking to the board about their experience on the agenda. KP welcomed new Board representatives from the Devon &amp; Somerset Fire &amp; Rescue Service and Marie Curie.</p> <p>KP's acknowledged the strong partnership work that had been taking place, quoting positive references that had been made by providers using social media. It has been positive that, despite the many tragedies for individuals and families, that organisations had, overall, worked together well, and this is a credit to Board members and their organisations. KP asked that Board members pass his thanks on to their staff.</p>

2	<b>Notes of previous meeting and matters arising (07 February 2020) and action tracker</b>	
	<p>The minutes of the meeting held on 7 February 2020 were agreed as accurate, and the proposed redactions to the version for publication to protect the anonymity of the individual who spoke about their experience were agreed.</p> <p>KP noted the status of the actions noted in the action tracker circulated with the agenda, and those that had been superseded by the Coronavirus Public Health crisis, including a number related to the agenda for this meeting. The action tracker was accepted, and the Board reviewed the following actions which did not have an update:</p> <ul style="list-style-type: none"> <li>• Item 3, Discussion: Safeguarding and Hospital Discharges <ul style="list-style-type: none"> <li>○ <i>Action: RD to send SM links to be circulated to the Board and Richard Painter hard copies / leaflets to be provided to patients.</i> RD updated that, due to the impact of the Coronavirus Public Health crisis, leaflets were not completed, but will be shortly. It was <b>agreed</b> that this action would therefore remain open.</li> <li>○ <i>Action: 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.</i> It was agreed that this action had been superseded, that the system was currently working well, and that the action should be closed.</li> </ul> </li> <li>• Item 5, Opportunities for developing an Intelligent Safeguarding Approach. <ul style="list-style-type: none"> <li>○ TA updated that the work been paused due to the impact of the Coronavirus Public Health crisis, but is planned to be reinvigorated over the next few weeks and include the learning from the pandemic. <b>Action:</b> TA to arrange for SM to be invited to represent the SSAB in this work.</li> </ul> </li> <li>• <b>Item 6, Discussion: Safeguarding personal Case Study.</b> <i>Action: LM to speak to Sgt Maun outside of this meeting to discuss inclusion of [redacted] experience in the Somerset County Lines Strategy, which she is currently writing.</i> <ul style="list-style-type: none"> <li>○ LM confirmed that this action had been completed and it was <b>agreed</b> that it should be closed</li> </ul> </li> </ul> <p>Board members were reminded that:</p> <ul style="list-style-type: none"> <li>• Reminders will be sent to members two weeks before the meeting to ask them to update progress on any actions that were agreed during the meeting.</li> <li>• An Actions Tracker will then be circulated with the papers so that updates on actions are visible to everyone. It is the responsibility of the</li> </ul>	<p><b>RD/SM</b></p> <p><b>TA</b></p>

	action owner to respond with an update so that it can be included in the tracker when it is circulated.	
<b>3</b>	<b>Roadmap for SSAB activity during 2020/21 outlined in letter from Keith Perkin on 22/05/2020</b>	
	<p>Following on from the letter circulated to all Board Members notifying them of KP's decision to suspend all subgroups until June 2020 in order to support the system response to the Coronavirus Public Health Crisis, KP outlined the proposed phased approach restarting the work of the Subgroups and other activities that had been paused.</p> <p>KP explained that the specific rationale for excluding reviewing the impact of the Coronavirus Public Health crisis on the care home and domiciliary care sectors at this time was that there were still references being made regionally and nationally to the potential for a wider piece of work and that, should this happen, the Board needed to understand if it had a role within this before proceeding with anything itself, but if this didn't happen then this would be revisited. This approach was <b>agreed</b>.</p>	
<b>4</b>	<b>Discussion: Learning for the Adult Safeguarding System from the Coronavirus Public Health crisis</b>	
	<ul style="list-style-type: none"> <li>• Data sharing. Learning has been that many of the organisational barriers to appropriately sharing information about individuals had been overcome, and this had led to organisations working effectively together. In particular through the work of the Community resilience cell. The view was that while the approach taken would always have been within the law, if this had been attempted at a different time it would have taken much longer to achieve, but that the focus on the need to support individual adults at a time of crisis had allowed progress to be made rapidly. KP emphasised that this highlighted the need to take the intelligent safeguarding aspects of the Board's plan forward.</li> <li>• KP shared some initial data on referral patterns for safeguarding enquires under section 42 of the care act over the last 3 years. This indicated an initial drop in activity in April (which KP and SM noted was similar to that reported by other Boards) followed by a rise to similar levels to the preceding two years in May. Unlike some other areas of England Somerset does not appear to have seen a significant rise in cases of domestic abuse. MP highlighted that every area had been effected differently, despite reports nationally, and while the systems needed to remain alert there was no evidence that Somerset had seen a rise in domestic abuse so far.</li> <li>• ML emphasised that a small number of additional cases of self neglect compared to the previous year may be due to partnership working within the system, and with Coronavirus support groups identifying them and referring. SC also noted that no aspect of safeguarding had been stepped down within Somerset, that the arrangements that had</li> </ul>	

	<p>been put in place to support people through the pandemic were robust and that learning was in the process of being identified as the system moved to restoring normal operations. <b>Action:</b> SM to ask Louise White (Service Manager for Somerset County Council's Adult Safeguarding Service) for additional information on patterns of self-neglect that are being seen by the Somerset County Council's safeguarding service for consideration at the next meeting. <b>Action:</b> ML to share community resilience dashboard with KP.</p> <ul style="list-style-type: none"> <li>• KP highlighted the area of homelessness, and whether the work was sustainable and what the plans were going forward over the next 3-4 months regarding the risk of people returning to living on the streets who had been housed during the crisis. MP noted that rapid arrangements had been put in place by the District Councils in Somerset, and that from a meeting with Somerset West and Taunton Council in recent days he understood that around half of those who had been housed by the Council were trying to make changes to their lives. However, MP shared KP's concerns about how the benefits could be sustained beyond the short-term in the absence of further government funding.</li> <li>• In relation to care homes, ML gave an overview of the work of the Care Homes cell, and work that was taking place to support care homes going forward. In Somerset grant funding from central government to support infection control is in the process of being distributed. A key aim of this work is to reduce the risks of staff who move between care homes spreading the virus. Work is also taking place with a small number of individual care homes to support them with specific issues. SC also emphasised the collaborative arrangements that had been in place for some time, and the benefits this had brought, in particular in responding to new requirements around infection prevention and control rapidly, and that these arrangements had put Somerset in a stronger position to other areas that might not have had something similar in place.</li> <li>• KP invited Board members to highlight any additional learning, or areas of focus for the coming months but none was identified.</li> </ul>	<p><b>SM</b></p> <p><b>ML</b></p>
5	<p><b>Review and agree actions emerging from:</b></p> <ul style="list-style-type: none"> <li>• <b>South West Audit Partnership audit of SSAB activity</b></li> <li>• <b>SSAB Member Survey</b></li> </ul>	
	<ul style="list-style-type: none"> <li>• The findings and proposed actions from the audit were accepted, with the overall finding that "<i>Most of the areas reviewed were found to be adequately controlled. Generally, risks are well managed, but some systems require the introduction or improvement of internal controls to ensure the achievement of objectives</i>" was noted by the Board. KP thanked the South West Audit Partnership for their work on the audit.</li> <li>• The inconsistent attendance of some Board members was discussed, and KP emphasised that there needed to be consistent representation</li> </ul>	

	<p>at a senior level at Board meetings, while noting that members were likely to be busy with the response to the Coronavirus Public Health crisis for the foreseeable future. KP therefore asked that if the nominated representative was unable to attend they arranged for a consistent deputy with decision making authority to do to reduce the risk of fragmented understanding and decisions not being able to be made.</p> <ul style="list-style-type: none"> <li>• SM noted that while the report stated that Yeovil District Hospital has not been a regular attendee, an appropriate deputy had been in attendance and the refence was due to the way the auditors had compared the named individuals in the annual report to attendees at meetings.</li> <li>• <b>Action:</b> SM and KP to redraft terms of reference with a view to these being circulated before the next board meeting for consideration at the meeting.</li> <li>• The findings from the Member Survey that had been completed by Board and subgroup Members were discussed. KP highlighted the contribution of resources and the use of data as areas that required further attention.</li> <li>• SM highlighted that an area of concern was that some respondents gave a lower score to partnership arrangements and reporting to other Boards and committees. On looking at the written responses that people had given these responses appeared to be from Subgroup rather than Board members who were likely to be less aware of the arrangements, rather than because they weren't happening. This was supported by TA who said that from her perspective as a member of the Health and Wellbeing Board the arrangements worked well. SM felt that this concern may be more about how the Board communicated these areas of its work and that these responses suggested that this was an area for development. <b>Action:</b> SM to include an article in the next newsletter requesting feedback and work with the SCC communications team to develop a communications plan for sharing with all Board members.</li> </ul>	<p style="text-align: center;"><b>SM/KP</b></p> <p style="text-align: center;"><b>SM</b></p>
<b>6</b>	<b>Safeguarding Adult Reviews</b>	
	<p><b>'Luke' Safeguarding Adults Review</b></p> <ul style="list-style-type: none"> <li>• SM gave an overview of the 'Luke' Safeguarding Adults Review, which is the first review to be completed using the Board's Local Learning Review approach, thanking all the organisations that had been involved in its production.</li> <li>• The report was agreed along with the following actions: <ul style="list-style-type: none"> <li>○ SM circulating to all organisations with involvement for a final accuracy check with a 14-day timeframe for responses.</li> <li>○ SM to attempt contact with Luke's family again by letter</li> <li>○ SM to work with the SCC Communications team to develop a press release, then share this with all the organisations involved</li> </ul> </li> </ul>	<p style="text-align: center;"><b>SM</b></p> <p style="text-align: center;"><b>SM</b></p> <p style="text-align: center;"><b>SM</b></p>

	<p>prior to publication</p> <p><b>SARs in Progress</b></p> <ul style="list-style-type: none"> <li>SM gave an update on other SARs that are in progress</li> </ul> <p><b>Potential approaches for Coronavirus related referrals</b></p> <ul style="list-style-type: none"> <li>SM updated the Board on discussions that had been taking place regionally and nationally that he had been asked to raise with the Board regarding potentially taking a local or regional thematic approach if a significant number of referrals were received. The aim of such an approach would not be to take anything away from an individual case, but to ensure that if there was a number of referrals learning was identified and shared using a thematic approach.</li> <li>The consensus view was that such an approach was not supported by Board members at this time, and that this should only be reviewed if the situation changed.</li> <li>ML highlighted the time taken to undertake SARs and if there was an opportunity for “Rapid Reviews” using a similar approach to that used by Children’s Partnerships nationally. SM confirmed that there was work being undertaken by the Social Care Institute for Excellence to develop a more rapid approach, but that early indications were that this wouldn’t be appropriate for all circumstances.</li> </ul>	
<b>7</b>	<b>Verbal progress update from Executive Group and consideration of refresh of strategic plan for sign-off</b>	
	<ul style="list-style-type: none"> <li>The Board considered the refresh of the annual report.</li> </ul> <p><b>Action:</b> SM to draft wording regarding a more rapid approach for SARs then circulated for Board members to respond to within 14 day with any changes. KP and SM to then review feedback with a view to publishing.</p>	<b>SM/ALL</b>
<b>8</b>	<b>Agree proposed arrangements for the production and sign-off of the 2019/20 annual report</b>	
	SM gave an overview of the proposed arrangements for the production annual report, which included giving partners additional time to contribute content. This was <b>agreed</b> .	
<b>9</b>	<b>Items for next meeting and newsletter</b>	
	<p>It was agreed that the agenda would be considered by the Executive Group based on the local position regarding the Coronavirus Public Health crisis nearer the time.</p> <p>No articles were proposed for the next newsletter</p>	
<b>10</b>	<b>Any Other Business</b>	
	<ul style="list-style-type: none"> <li>KP thanked JM and colleagues at Somerset NHS Foundation Trust for their work on the recently published Professional Curiosity Guidance, and permission for the Board to adopt it. <b>Action:</b> JM to send KP contact details for the member of staff who worked on it.</li> <li>MP emphasised the hard work that has been undertaken by colleagues</li> </ul>	<b>JM</b> <b>ALL</b>

	<p>across the system during the Coronavirus Public Health crisis and reminded Board members of the routes to highlight individuals for recognition.</p> <ul style="list-style-type: none"><li>• KP thanked everyone for their attendance today.</li></ul>	
<p style="text-align: center;"><b>Future Board Meeting dates:</b> 13<sup>th</sup> October 2020 – Microsoft Teams Meeting 09<sup>th</sup> February 2021 – Microsoft Teams Meeting</p>		