



Title	Doncaster Safeguarding Adults Board		
Date	4th September 2017		Time 09:30 - 13:00
Location	Civic Office, Meeting Room 007a/b		
Present	Name	Job Title	Organisation
JW	Dr John Woodhouse	Independent Chair	DSAB
AC	Angelique Choppin	Safeguarding Adults Board Manager	DSAB
DA	Damian Allen	Director of People	DMBC
DC	Dee Colam	Head of Service, Adults and Communities	DMBC
LS	Luke Shepherd	Team Manager	South Yorkshire Community Rehabilitation Company
KH	Katie Hogram		CRC
SM	Sally MacDonald	Head of Provision and Support for Students with LDD	Doncaster College
AR	Andrew Russell	Chief Nurse	DCCG
AG	Andrew Goodall	Chief Operating Officer	Healthwatch Doncaster
JL	Julie Lodge	Associate Nurse Director for Children & Young People's Care Group	RDaSH
SA	Sally Adegbembo	Head of Probation for Doncaster and Rotherham	National Probation Service
RD	Richard Dickinson	Acting Deputy Director of Nursing, Midwifery and Quality	DBTH
HJ	Hywel Jenkins	Senior Legal Officer	DMBC
IB	Ian Boldy	Designated Nurse	DCCG
PT	Paul Tanney	Chief Executive	St Leger Homes
BH	Bill Hotchkiss	Head of Service Community Safety	DMBC
In attendance			

NWG	Niall Werrett-Garfitt	Minute Taker	DSAB
Apologies			
KJ	Karen Johnson	Assistant Director Adult Social Care	DMBC
GJ	Griff Jones	Assistant Director Adult Social Care	DMBC
JM	Jo Miller	Chief Executive	DMBC
WJ	Wendy Joseph	Deputy Director of Nursing and Quality	RDASH
DT	Daniel Thorpe	Chief Superintendent	SYP
RF	Rosie Faulkner	Safeguarding Children Board Manager	DSCB
CIlr RB	Rachael Blake	Councillor	DMBC
Agenda Item	Issues		Actions Required by & timeframes
1	<u>Introduction and Apologies - JW</u> JW provided introductions		
2	<u>Minutes of the Previous Meeting - JW</u> PT noted an attendance record issue which NWG has amended.		
3	<u>Action Log - AC</u> <ul style="list-style-type: none"> • (08.03.2017) 8.1 – Revised Decision Support Guidance is in the agenda for approval. IB has had conversations with CQC and will wait until the revised version is approved. • (08.03.2017) 8.2 – The information sharing agreement is still waiting for signatures from RDaSH which will be signed shortly. JL said that she would be able to get the RDaSH signature from Deborah Wildgoose tomorrow. • (22.05.2017) 4.1 – AR said that a review is underway due to the complexities and amount of work required which meant that it was not considered efficient and the LeDer review has been suspended. JW also noted his involvement with the programme and feels that it identified information about what might be done to promote the longer lives of people with Learning Disabilities and it reinforces the findings. JW said he hopes for more focus on implementing what is currently known and noted that the Board will be facilitating this in the future. • (22.05.2017) 5.1 – JW said that there was a lack of clarity at the meeting in relation to the Persons in Positions of Trust guidance. They are continuing to review this and noted developments within Yorkshire & Humberside. A draft guidance will coming to the next Board meeting. 		

	<ul style="list-style-type: none"> • (22.05.2017) 6.1 – Assurance around the Safeguarding Adults Hub is on the agenda for this meeting. • (22.05.2017) 7.1 – AC spoke to KJ and it was decided for AC to continue on and work with complex lives services to incorporate the cohort of people with specific needs. JW noted that Griff Jones (GJ) will be replacing KJ on the 21st August as the Assistant Director for Safeguarding. KJ will be focusing on improvement and transformation until end of year, and helping GJ with the transition. • (22.05.2017) 7.2 – More work has been undertaken on a joint competency framework and another document will be coming to the Board. JW noted that it was not properly mandated and asked what steps are being taken to ensure this works. This has gone back for planning with aim to make it simpler in terms of principles; AC will ensure that a thorough and robust consultation is undertaken. AC to bring back timescales to the next meeting. 	
4	<p><u>DSAB Strategic Areas</u></p> <ul style="list-style-type: none"> • Community Rehabilitation Company (CRC) LS provided an introduction and overview of CRC to the group and went through the presentation. <p><u>Transforming Rehabilitation</u> LS said the transformation for rehabilitation was introduced 4-5 years ago with the aim to bring part of the probation services into the independent sector to work on reducing the chances of people re-offending. NPS undertake pre-court work and cases are managed by either NPS or CRC depending on the risk of serious harm. If this is high risk, they will be managed by NPS, and CRC manage medium to low risk cases.</p> <p><u>Offender Rehabilitation Act</u> LS noted the government were keen to have the private sector address key pathways. LS stated that the rehabilitation activity requirements are a combination of the two previous requirements. LS explained the process and said that CRC have more freedom with what they are able to do with this. LS said that now, any person convicted with a sentence of less than 12 months will also have post sentence supervision.</p> <p><u>South Yorkshire CRC</u> LS said that CRC has introduced assistant focused work involving other agencies and partnerships. It was noted that PACT have helped to rebuild social capital links and Inspiring Intelligence work specifically with veterans and IOM cases. Changing lives provision work with female offenders and</p>	

SOVA provide mental support. It was noted that all community payback is delivered by CRC for both CRC and NPS cases.

Doncaster LMC

750 offenders are managed directly with either 1 to 1 or group and partner sessions. 10% of these are flagged as vulnerable adults, but LS told the Board that the system provides difficulties identifying these so the actual percentage could be higher.

Slide 11 – Issues/Hopes

LS and KH said that CRC struggle to get assessments from the vulnerable adult's team. CRC also has issues regarding interventions for people without accommodation. Employment Training Education, LS said that CRC would like to up-skill their practitioners to achieve better targets and is hoping to share their outcomes across all platforms.

Discussion:

DA asked about CRC's complex lives service engagement which LS said was very little, it was noted that Chris Marsh is leading on this and DA suggested it would be helpful for CRC to be involved in this.

Action – DA to facilitate a conversation between LS and with Chris Marsh.

AC noted that CRC are being integrated into the Self-Neglect Policy.

SA informed the group of a workstream looking at creating an accommodation hub, looking at policies across all of Yorkshire and Humberside and asked for someone from DMBC or from CRC to visit offenders while they are still in prison to provide early support. PT said that St Leger Homes are reviewing the homeless procedure which will be more focused preventative services and working with the complex lives team as they have found that offenders may lose their home during their sentence which is a contributing factor to the homeless issue in Doncaster.

JW noted that CRC didn't mention low level mental health issues much and asked if they are included as part of the safeguarding strategy. LS said that they are and CRC look at the low level issues but due to recording issues mentioned above, the percentage of vulnerable people is only shown at 10% but is believed to be higher.

JL asked about CRC's experience with accessing mental health services. LS said that practitioners

DA

would say it's a challenge as they find it difficult getting feedback and the process can get very bureaucratic.

JL also asked what CRC are doing around mental health and substance misuse. LS and KH will take these questions back to CRC and look at what can be done differently.

JW summarised by thanking CRC for their presentation. Noting that the education intervention is worthwhile and said the solution will be widely varied, noting the need for a network of resources to help guide people to make them knowledgeable how to access help. JW has asked that Board encourage people to not think of this as a complex process. JW informed the Board the NHS is planning to develop mental health services and ideas are being discussed, but it seems that this will be resourced over many years. The Board have requested CRC provide an update on their progress in six months' time.

- **DBTH – Falls Presentation – RD**

RD provided an introduction, describing the aim of this presentation to the Board and went through the presentation.

Introduction

RD said falls are seen as unavoidable but there can be improvement to reduce the risk and injury. RD described a method where all incidents were reported in one place and a report from this found that falls and harms were one the major issues and guidance was produced to help staff when dealing with falls incidents.

Initiatives

JW asked for RD to explain CQUINS which RD said was a quality improvement initiative based on providing more funding to departments depending on their achievements. RD informed the Board the highest frequency of falls is now is 8 to 9 and in the previous year, no one had more than 5 repeated falls.

Discussing the signs of safety point, RD highlighted the work of a consultant which looked at both medical and support management working more effectively which resulted in DBTH being presented with an award.

Falls Action Plan

RD said inherent knowledge in the health system was needed to qualify for roles at DBTH. Discussing the second point, RD said lots of work was done to show initiative, raising the profile of falls prevention, and this is part of the enhanced care assessment.

RD said DBTH have assigned falls champions who focus on improving the safety of patients and the fracture clinic are planning to assess the fracture fragility of falls in DBTH. RD also noted a bone health group which focuses on guidance relating to falls.

RD noted some complications relating to carer's information packs, but said DBTH's falls policy has been fully updated.

Fall Serious Incident

The Board noted a significant reduction between 2010-11 to 11-12. RD noted that figures in 2014/15 and 2015/16 include falls where specific delogs were taken out.

Patient falls

It was noted that for the previous year, DBTH were consistently under the national rate and RD said there was a reduction in serious harm as well. RD informed the Board of a training programme run by DBTH which looks at better ways of caring for the people in multiple areas which includes components about falls.

Discussion:

JW said the safeguarding issues were quite low damage, low harm but still impactful on individuals, noting this was one of the tipping issues for residential care. DA said they tend to look at physical consequences rather than psychological impact and asked what tracking DBTH has done on remissions. RD highlighted their work with consultants.

JW asked how many are re-admitted with falls related issues which RD said was unknown but thought to be a high number. DA said DBTH should track back through as they should see a decline in re-admissions.

PT discussed about the home visits St Leger Homes undertake where they look for hazards and preventative issues, and noted a gap in terms of a service that could make a big difference to service users (e.g. changing lightbulbs, moving curtains). DA said a follow up on re-admissions is needed to check for issues in the community with some evidence base of falls data. JW would like for the Board

to keep discussing falls and would like to thank DBTH for generating these conversations. JW also noted different places where falls take place other than DBTH with AR citing that falls are a significant risk in care homes,

- **Keeping Safe Event Nov 2016 Video**

A video was shown to the Board produced by students at the Doncaster College which covered the Keeping Safe Event that took place in November 2016. SM said this was a good opportunity for the college students to get involved in promoting safeguarding and will convey the Board's thanks to the students. JW said the event was useful as a set piece as well as mutually inspiring. New Keeping Safe leaflets have been co-produced directly based on the work that was done in a community group activity at the event, which was circulated around the Board members.

- **Safeguarding Adults Hub Review – DA**

JW noted that this review was due to discussions from the previous Board meeting where a challenge was issued regarding assurance around the Safeguarding Adults Hub. DA noted a half day visit to the Hub and said staff at the hub demonstrated clear commitment and adherence to policies and procedures, citing no cause for any concerns. DA was happy with their responses and also noted the hubs close engagement, physical arrangements with the Police that is worthy of a follow up.

JL updated the Board that a full time Health role will be advertised with additional days in the Safeguarding Adults Hub to ensure they are fully staffed from a health perspective.

In observing Assessment Officers in operation, DA also noted the multi-tasking the staff undertake, citing this can lead to inefficiency as staff may be overloaded with work. The Board also discussed the changes to the CareFirst system within the year as well as other changes which have affected the workload at the hub. A piece of work was commissioned to look at the effectiveness of the hub and the due date for submissions is Friday 8th September. DA said he is happy to share the specifications that have gone out.

DA noted Dr Adi Cooper is due to conduct a peer review in October. The methodology has been agreed. Adi will have a baseline view to do comparisons as well as 1 to 1 meetings with different members of staff including cabinet members. The new principal social worker starts on the 4th October staff and it was noted they will have commenced work before Adi visits.

JW summarised that DA having taken on the role of Director of People, directly saw, the Hub, reviewed

	<p>it in practice and is happy with the effectiveness, noting that lingering issues were resolved, and the Board will see this reflect in the review.</p> <p>DA noted two considerations – one was the re-organisation of the SYP vulnerable peoples unit which has yet to see itself manifest and another that DCST, in the accommodation strategy, is looking at moving to the Colonnades building which will create a challenge in the mutual usage of staff and would like to look at implications. DA is also raising these points in a meeting this afternoon.</p> <p>After a discussion, DA suggested that the Board ask Adi to give recommendations in the Hub model arrangements. AR noted Adults haven't fully committed to a MASH model yet and said it would be helpful for Adi to shape a perspective, looking at the existing arrangements and comparing it to what Adi sees as the best practice. DC said the biggest impact recently has been the change in analysing safeguarding referrals that have come from the Police and YAS and noted that staff in the Hub are required to screen these referrals, but only a small percentage of these are relevant to the Hub demonstrating inefficiencies.</p> <p>JW said he would like to use Adi's visit to stimulate ideas about governance arrangements and help to create a development plan for MASH arrangements.</p> <p>Action – A review of the scoping needed for MASH work between the 3 core agencies is to be done before the next Prepare group meeting. This will need to be between DC, AR, AC, Leanne Hornsby, Assistant Director of Children's, SYP and IB.</p>	<p>AC, NWG</p>
<p>5</p>	<p><u>Chairs Report - JW</u></p> <p>JW highlighted a minor issue regarding communication with SYP. Sub groups are making good progress with JW citing that the new Review and Learning sub group had a positive start; the work for this sub group has been reviewed and agreed.</p> <p>Performance activity was also reviewed. The case file audit demonstrated cases are being recorded as more appropriate and showed improvements since the previous audit. JW also noted a meeting with Prison services that was a constructive meeting with a paper to follow and the plan to organise an exercise preparing for emergency (bombshell issues) is still planned for next year.</p> <p>A revised SAR request will be coming back through the governance system and Board will be informed in due process. In addition the process for challenging adults and children's safeguarding</p>	

	<p>arrangements has gone well over the summer and arrangements are robust, stating that all of the organisations challenged should be proud of the systems they have in place.</p> <p>AR said they had not agreed on a budget position relating to the Learning and Development Manager role which AC is waiting for feedback from KJ on. There have been changes to the amount held in reserve which might cause a pressure for costs pressure in the future. The Board agreed for this to be brought back to the next meeting as an agenda item, but are confident that this can be managed. JW gave his thanks to all the agencies who have contributed to the Safeguarding Adults Board.</p>	
6	<p><u>Governance</u></p> <ul style="list-style-type: none"> • Challenge Log – JW <u>03.11.2016 – 2</u> The Board has been assured and now have a greater understanding of the complexities and exceptions under specific cases and the system will be developed to capture exceptions. <u>03.11.2016 – 3</u> It was noted that police haven't provided a case study for this yet. <u>22.05.2017 – 1</u> The Board has now been assured of the Safeguarding Adults Hub's working practice; this can now be marked as green on the challenge log. The Board have agreed they are content with JW challenges. AR and JW encouraged the group to challenge each other more often instead of just having challenges from JW. DA said this would be helpful and noted culture differences that can provide fresh perspectives. • Annual Report 2016/17 – AC Board reports from other local authorities that AC has looked at are turning into more public facing documents and AC informed the Board that the new report will look to bridge the gap between a professional report and a more public facing report and has asked for feedback from the Board. AC went through some of the key points in the annual report, noting changes and the impact these have had. JW said the report does a better job of detailing what had been done in 2016/17. AC said the deadline for final feedback will be the 11th September. DA commended the balance AC has achieved in this 	

	<p>report and said that it might be good to include a statement on the purpose at the beginning for people who are reading this for the first time; and also cited that the move to a shorter, public facing annual report is an inevitable trend. The Board agreed to discuss future annual report styles again in 6 months' time in the Prepare group and the Board meeting in January. AR suggested an easy read version to make it more accessible to all languages, which the Board agreed to look at. BH recommended adding contact information on front door referrals, which the Board agreed to place at the front of the report. The annual report was approved and signed off.</p> <ul style="list-style-type: none"> • Performance Summary – AC AC informed the Board of the reduction in adults asked to define the outcome they want to 81% and the improvement in MCA assessments completed. The number of adults supported have also seen a reduction since Q4, noting the majority are supported by their family and there are plans to look at capturing other reasons for the “don't know” section of adults feeling safe after intervention. <p>RD noted the colour scheme needs to change on the CQC regulator action section to match that of CQC's reports for an easy transition. Action – AC to request this change.</p> <p>Homelessness – PT said the indicators have been agreed with DMBC. The Board agreed to use both indicators that PT proposed. Action – PT is to send the current figures to AC to add to the summary. PT will also look at other performance measures that may be added to the summary in the future. JW noted a discussion in the Prepare group for a longer term of trend data.</p> <p>Discussing the safeguarding level 1 training section, AR noted a workstream was underway at CCG provide staff with up to date training. AR said he is confident all CCG staff have had training at some point but unsure whether it is up to date. SYP have also asked for new indicators regarding Section 136's under the Mental Health Act to be added to the summary. JL said RDaSH is working alongside SYP to look at the numbers for, also citing this as an area of tension for all Police forces. The Board is to discuss the SYP's suggested indicator at the next meeting as well as arrange for JL to provide a paper on the issues what is addressed, and the risks.</p> <p>It was noted that more self-neglect referrals are coming through the system and modern slavery referrals are likely going to SYP's national referral mechanism and not DMBC.</p> <p>The Board was informed that changes being made to CareFirst are affecting some of the work done on theme 6 – protection. 1 risk has been decreased during Q1.</p>	<p>AC</p> <p>PT</p>
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The Board have agreed they are satisfied with the performance summary.

Deep dive activity – Performance Summary

AC discussed about this and went through this with the group. It was noted that there are valid reasons for not seeking people's outcomes sometimes e.g. the adult does not want to engage, might be deceased or too ill to engage and AC is looking at how to capture these on the system. The Board discussed about MCA assessments, noting that less concerns have been received during Q4, as well as citing other reasons and factors that resulted in less MCA assessments. IB said work around the MCA; group is still continuing and expressed interest in the impact this work may have in the next quarter.

• **Case File Audit Report and Audit Programme**

AC said the current audit shows marked improvement this year over the previous audit that was done shortly after the Hub was formed; however there are some other improvements to make. JW determined that any issues previous identified have now been addressed. AC said this report will be sent to Adi as well and informed there Board that there will be two audits per year.

• **Risk Register**

PSG6 – This is starting to improve. DC said they awarded a contract to QAP to reduce the backlog and are recruiting a signatory to sign these off. They are starting to reallocate MCA and mental health assessments too. DA suggested an updated report to look at the changes.

• **Budget**

Circulated to the Board for information. AC and JW noted the majority of the spending will come from the engagement activities that will be done in Q3.

• **Board Paper – Safeguarding Assurance Prisons**

3 of the 4 private prisons have been engaged and it was noted that the private sector are now starting to work and engage with the Board more frequently, addressing the gap previously identified.

The prisons were credited with contributing to the Board development but there has been reduction in their representation at the Board recently. There has been assurance from prisons regarding policies and procedures but the Board has not received a position statement as of yet. The need to access information was identified and there was work with prisons to develop a poster and training but there

	has been no engagement since. JW and AC attended a meeting with private prisons recently who expressed their wishes to work with DMBC. The Board agreed on the need to continue building on this engagement. JW asked the prisons are asked bring a set of principles to the next Board and detail how they wish to be represented.	
7	<p><u>Procedural docs/SARs – for approval/sign off</u></p> <ul style="list-style-type: none"> • Revised SAR Policy and Toolkit This has been updated in line with governance arrangements - the Board approved. • Revised Safeguarding Adults Decision Support Guidance This was originally developed in response to the peer review challenge made in 2015. This has had an impact on safeguarding adults concerns which have reduced for first time in 7 years and DA said that a lot of time at the front door was spent with potential referrers enabling them to make effective referrals or enquiries. The Board approved the document. • Revised DSAB Constitution The updated document reflects the changes made in the Board sub-structure - the Board approved and requested all agencies review the signatures. 	
8	<p><u>Items for information and new publication</u></p> <p>None</p>	
9	<p><u>Confidential items</u></p> <p>None</p>	
10	<p><u>Any Other Business</u></p> <p>AC noted that members of the Board are having problems with receiving papers and will request confirmation e-mails to confirm they have received any papers in future meetings.</p> <p>The group agreed that complex lives and care home strategies will be added to the next Board agenda.</p> <p>JW thanked everyone for their contributions to the Board. The group provided positive feedback.</p>	
11	<p><u>Date and Time of Next Meeting</u></p>	

	27 th November 2017 Meeting Room 007a/b - 13:00 to 16:30	
	<u>Date Checked by Chairperson:</u> <u>Signature: Dr John Woodhouse</u>	
	<u>Date minutes distributed: 12th September 2017</u>	

MEMBERSHIP and ATTENDANCE LIST

Key	Name	Service	03/11/16	08.03.17	22.05.17	04.09.17
JW	Dr John Woodhouse	Independent Chair	✓	✓	✓	✓
DA	Damien Allen	DMBC	\	\	✓	✓
AC	Choppin, Angelique	DSAB	✓	✓	✓	✓
GJ	Griff Jones	DMBC	\	\	\	A
KJ	Karen Johnson	DMBC	\	\	✓	A
BH	Hotchkiss, Bill	DMBC	✓	A	✓	✓
HJ	Jenkins, Hywel	DMBC	✓	✓	N	✓
AR	Russell, Andrew	Doncaster CCG	✓	✓	✓	✓
RD	Richard Dickinson	DBTH	\	\	✓	✓
RF	Rosie Faulkner	DSCB	✓	✓	✓	A
AG	Andrew Goodall	Healthwatch Doncaster	\	\	\	✓
AP	Anna Parish	HMP Lindholme	N	✓	\	\
WJ	Wendy Joseph	RDaSH	\	\	✓	R
LS	Luke Shepherd	SYCRC	\	\	\	✓
DP	Dawn Pete	S Y FIRE	A	✓	A	N
DT	Dan Thorpe	SYP	\	\	\	A

PT	Paul Tanney	St.Leger Homes	\	✓	✓	✓
RB	Rachael Blake	Cllr , DMBC	\	\	\	A
MH	Moira Hardy	DBTH	R	A	\	N
TS	Tracey Slater	NHS England	✓	✓	R	A
SA	Sally Adegbembo	SY Probation	\	\	\	✓

Key		Key	
✓	Attended	R	Sent Representative
\	Not applicable	N	Non-attendance, no apology or representative
A	Sent Apologies		

Glossary

CQC – Care Quality Commission

DBHFT – Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

DCCG – Doncaster Clinical Commissioning Group

DMBC – Doncaster Metropolitan Borough Council

DSCB – Doncaster Safeguarding Childrens Board

DSAB – Doncaster Safeguarding Adults Board

HMPS – Her Majesty’s Prison Service

RDaSH – Rotherham Doncaster and South Humber NHS Foundation Trust

SSDP – Safer Stronger Doncaster Partnership

SYF&R – South Yorkshire Fire and Rescue Service

SAR – Safeguarding Adults Review

SYP – South Yorkshire Police