



**Minutes of the meeting of the
Dorset Safeguarding Adults Board**

Thursday 22nd March 2018

14:00 – 17:00

Committee Room 1, County Hall, Colliton Park,

Dorchester, DT1 1XJ

No	Minute	Action
A	INTRODUCTION	
A1	<p>WELCOME AND APOLOGIES</p> <p>BC welcomed everyone to the meeting and apologies were noted.</p>	
A2	<p>MINUTES OF THE MEETING OF 12th DECEMBER 2017, ACTION PLAN AND MATTERS ARISING</p> <p>A2.1 The minutes of the meeting of the 12th December were agreed as accurate.</p> <p>A2.2 ACTION LOG AND MATTERS ARISING</p> <p>BC asked the meeting to consider the action log and asked for any further updates on what was circulated.</p> <p>Item 5.2/14 - BC updated that a meeting is to take place soon to finalise the report.</p> <p>Item B4.4 - Continue to chase HC for an update.</p> <p>Item B1.1 - BC meeting with HC on 23/03, to discuss the concerns regarding SWASFT's attendance then.</p> <p>Item B4.3 - Discussed and agreed that EMcE to present an update around DCR at the September Board Meeting 2018.</p>	

	<p>Item B1.2 - RG (CQC) has agreed to attend the June Board Meeting, BC commented SN had attended the BPSAB, updating their Board on issues.</p> <p>Item B1.2 - SB previously contacted the local MP of which there has been no response. SWK outlined DSAB doesn't want to duplicate any work that is currently ongoing within the HWB. Work around staffing resource is raised through Overview and Scrutiny Committee. BC asked if this could be picked up in the strategic plan, SWK added it would help to map out the input from other Boards around this issue.</p> <p>Agreed for Item B5.8 to be closed.</p>	
A3	<p>PRACTITIONERS PRESENTATION – THE STORY OF A DCC TRANSFORMING CARE CLIENT</p> <p>WB from Dorset CCG provided an insight into X and her journey through the TCP process. Background information and presenting issues highlighted.</p> <p>SWK questioned why it took such a long period of time to help X as the Transforming Care Plan only came in in 2011 and X was within the system since 2006. WB advised that once X was within the Transforming Care Programme they actively worked with X to improve her behaviour challenges within the community.</p> <p>TR summarised the challenges within the Probation service where offenders don't meet the threshold for Learning Disability Services but clearly require support which creates a difficulty in accessing resources and therefore it is harder to manage risk. WB stated IST are aware of the boundaries in this area, they hope to help adapt prison service to recognise the type of difficulties faced. KM added that commissioning services need to be aware of the gaps locally to ensure appropriate and effective services can be offered.</p> <p>SWK highlighted the issue in providers not being aware of risk which then has to be picked up in hospital. IST then has to ensure IST has to work to ensure care is available when out of hospital. Due to the difference in thresholds between Adult and Children Services identified, issues in accessing resources causes delay and leads to failure in recognising signs when moved to Adult services.</p>	
B	BUSINESS PLAN AND SUBGROUP'S REPORT	
B1	<p>QUALITY ASSURANCE CHAIR'S REPORT</p> <p>KM presented the Chair's report on behalf of Helen Coombes.</p> <p>KM highlighted that data provided by Dorset is not complete due to the introduction of MOSAIC which caused quality issues and therefore some data has been predicted.</p>	

	<p>Dorset Police – A consistent amount of PPNs per month, around 500, are received which are shared with partners as seen fit. Use of the MARM now widely publicised and embedded across Dorset, attended by staff from differing departments.</p> <p>Throughout Q3, there is evidence in decreased sexual offending and an increase in violence and theft offences. May be due to the new MARAC Process which ensures all offences are now subject to crime recording and investigation, even those that are not recent or previously unreported.</p> <p>Number of Modern Slavery investigations remain low with only 8 live cases despite increase in public awareness in this area. Due to this group's interest into outcomes for the public X has agreed to do some work around this and bring report to the next QA meeting in May.</p> <p>Dorset County Council – Consistent trajectory of concerns increasing with concerns increased by 10% since this period last year. KM noted that this continued rise may be as a result of understanding and awareness of Safeguarding Adults becoming more firmly embedded.</p> <p>Conversion rate continues to average out at 10% but important to note that if the Information & Advice category concerns were recorded correctly it would provide a more accurate conversion rate of 18%, bringing Dorset more in line with its comparators. The recently commissioned QA audit is reviewing this.</p> <p>Primary referral routes changing, previously emergency services occupied the largest referral source and now domiciliary service occupy the second highest referral source. West Dorset continues to undertake more S42 enquiries than the rest of the county, this is to be further considered by the QA group.</p> <p>HC concerned over not capturing financial abuse in the data set and work is ongoing between DCC and Dorset Police to target this.</p> <p>Bournemouth and Poole – KM commented on the increased amount of concerns this quarter with an overall increase since last quarter of 10% and stark differentiation in non-statutory enquiries between the two L. As with 87 in Bournemouth and only 1 in Poole. This is an area being reviewed by the QA Audit. Where risk had been identified, in 89% of cases risk had been reduced or removed.</p> <p>Dorset, Bournemouth and Poole Health Data – Positive work ongoing by Health reflected within the scorecard in line with the Pan Dorset Service Improvement Initiative. Further work anticipated by Health Leads to evidence how much work is actually being done.</p> <p>DCH had 26 causes for concerns raised this quarter with majority categorised as self-neglect. DCH collaborating with Children's and Maternity Safeguarding Lead as well as improving the awareness of Domestic Abuse through working with You First. Work ongoing between SWASFT and Dorset CCG in improving the quality of</p>	
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	<p>referrals, identifying when concerns are welfare vs safeguarding. Aim to audit with Dorset Triage.</p> <p>Dorset Advocacy – Currently the uptake for Advocacy are very low, so agreed at QA meeting to invite Dorset Advocacy and Lead commissioning manager to attend the next QA meeting to discuss.</p> <p>QA audit has been commissioned and underway, Kate Spreadbury has met with team managers and a report is anticipated Easter Weekend. Hope to focus on ‘frequent flyers’ to be part of how the data is captured in MOSAIC.</p>	
B1.1	<p>QUALITY ASSURANCE DATA ANALYSIS</p> <p>KM presented the Chairs Report and the scorecard was circulated prior to the meeting for review.</p>	
B1.2	<p>CARE QUALITY MONITORING GROUP REPORT</p> <p>SWK presented this report to the Board and the Care Quality Summary was circulated to the Board for reference. The points below were highlighted.</p> <ul style="list-style-type: none"> • Concerns were expressed around the time lapse between the CQMG meeting and Board meeting. This prevents effective information sharing, as themes help identify where to target resource. • Over Bournemouth, Poole and Dorset 6 blocks currently imposed with one on a nursing provider. • More WHEs currently taking place in Bournemouth • Increased neglect and acts of omission, lack of knowledge and inconsistent approach to leadership. • Concerns around lack of registered managers • DV added that WSEs were around neglecting individuals due to lack of staff. Second closure of home in Bournemouth putting another 7 beds at risk which is losing affordable beds for the local authority. • Residential homes’ lack of financial sustainability compromises the delivery of quality care, this may be targeted through the use of caps. 	
B2	<p>SAFEGUARDING ADULTS REVIEW PANEL - CHAIRS REPORT</p> <p>BC and KM presented this report to the Board.</p>	
B2.1	<p>KM updated that HNH Actions are currently up to date and commented on the recommendations progress.</p> <p>Recommendation 3 – Put in place a care pathway for the early identification and treatment of contractures</p> <p>Independent Provider Events highlighted the importance of the work in contractures in Jan 2018. Launch of the contracture tool delayed</p>	

<p>B2.2</p>	<p>due to need for a quality impact assessment and ethical approval to test its validity.</p> <p>Recommendation 2 - Ensure the requirement of the MCA are embedded in practice across all agencies.</p> <p>An internal audit was carried out resulting in changes made to assessment documentation, practice guidance around Best Interest Meetings v Best Interest Decision as well as reflective group being formed. DCH has been carrying out lots of work in this area which is reassuring to the Board. Planning to roll out 4 Pan Dorset video clips around themes: What is Capacity? Learning disabilities and Flu Jabs, self-neglect, safety netting in how to signpost to other services. Aim to be made freely available to everyone and bring to this Board in the future.</p> <p>Recommendation 4 - Move towards greater integration between professionals and organisations to shift away from ‘silo working’.</p> <p>Sustainability and Transformation Programme continue to progress plans for integration e.g. Primary Care Strategy. Joint work on monitoring visits to continue for the benefit of the individual and ongoing safeguarding training to increase quality of provision within the care sector.</p> <p>Board agreed they were happy with the ongoing actions for the HNH Action Plan.</p> <p>BC presented his report. Initial Scoping requested for an anticipated SAR. BC commented has echoes of the X case because of the complex domestic situation.</p> <p>In regard to DHR/SAR5 updated that the coroner is minded to resume the inquest into X. A pre-inquest hearing arranged for X which BC is attending on behalf of the Bournemouth and Poole Board.</p>	
<p>B3</p>	<p>TRAINING AND WORKFORCE DEVELOPMENT CHAIRS REPORT</p> <p>VC presented her report.</p> <p>The two joint conferences in Feb 2018 were well received and there is work ongoing to evaluate the conference and actions moving forward. The core Business Managers are meeting with DSCB when the Survey Monkey results are in to develop a Whole Family working protocol using other BMs input.</p> <p>Provider Events took place in January 2018 with BP focusing on workforce and Dorset on working in partnership with providers and identification of contractures.</p> <p>Task and Finish group has been set up with Business Managers to review effectively disseminating learning from SARS, DHRs and</p>	

	<p>SCRs which is scheduled for the 25th April, awaiting the release of Harry.</p> <p>Continuing work to align Domestic Abuse and Safeguarding training, due to the MARAC process this allows all to sit together. Updated information in this area going to P&P, LR aligning the NICE guidance currently.</p> <p>Nominated Enquirer work completed, determined that tool is useful when being adapted into practice but not used the same in all 3 local authorities.</p> <p>Strategic aims outlined in VCs report. BC commented that the DWAB exploration of workforce of the care sector hasn't been its central focus, need for mapping exercise to determine the gaps.</p> <p>VC recently attended a 2-day training event around legal literacy and considering using the MCA money from NHS England to fund some training within Dorset in this area.</p> <p>Banners developed and being used across the County. Themes around the risk of cybercrime is a concern among agencies e.g. People First significant concerns around internet safety.</p>	
B3.1	<p>VERBAL UPDATE RE JOINT CONFERENCE</p> <p>This item was updated as part of the TWDG report.</p>	
B4	<p>POLICY AND PROCEDURES CHAIRS REPORT</p> <p>DV presented his report.</p> <p>Next iteration of the Policies and Procedures is due April 2018. SarW currently standing in as vice-chair but at the next P&P meeting it will be confirmed who will be taking over, firm nominee in place for this role.</p> <p>Plans for the Prevention strategy to be rewritten with an action in place for this subgroup as well as plans to relaunch current poster campaign and then to update the comms plan and bring to Board when available. DV commented important to advise provider agencies are aware of the new iteration.</p> <p>Agreed to endorse the provisional work plan tasks outlined. Noted at the Bournemouth and Poole SAB they suggested closer working with Adults and Children.</p>	
B5	<p>OUT OF HOURS REPORT</p> <p>DV presented his report and outlined the current and future plans for this service.</p> <p>Currently this service is facilitated and jointly funded by Bournemouth, Poole and Dorset Adults and Children Services. Due</p>	

	<p>to workforce issues in recruitment, internal audits and Ofsted inspections it has been recommended that the management arrangement is not sufficient for function. The need to maintain line of sight on the quality of practice within this service needs to be satisfied.</p> <p>Plans to separate Adults and Children’s services due to the increase in Statutory Adult Mental Health assessments (estimated projection of just under 800 for 2017/18) which is crowding the ability to respond to children calls. The children’s service is to be separated between Dorset and Bournemouth and Poole due to geographical limitations.</p> <p>Two project managers have been seconded to support the implementation of the redesigned service. Aimed to be set up by July 2018, currently in the process of disaggregating resources. Aim to produce a more resilient and higher quality OOH service.</p> <p>Discussion around AMHP Hub and their position in this service. DV noted after the initial service has been put in place a second phase of development is to be considered in respect of AMHP hub continuity.</p>	
B5	<p>DBPSAB WORKPLAN 2017 – 2018</p> <p>BC advised that due to the workplan updates being presented in the Chairs Reports there was no need for detailed discussion. Further on in the meeting, the Board will consider the future aims for the next year but BC did note most outcomes had a RAG rating of either blue or green which is encouraging.</p>	
B6	<p>RISK REGISTER</p> <p>The two changes made at the last Board meeting have been updated on the Risk Register by BC.</p>	
B7	<p>BOARD BUDGET UPDATE</p> <p>The Budget was considered in light of contingency for the following year.</p> <ul style="list-style-type: none"> • Majority of MCA money allocated hasn’t been spent this year and the TWDG are considering where to direct this resource. Considering Legal Literacy training to help practitioners understanding, possible use of an app, contracture and/or MARM training. • Money that was allocated to the Joint Conference wasn’t all used which gives some for the approach forward. • DPF has previously expressed concerns around internet safety and this Board hopes to consider supporting work around this. Paper to go to Exec Group. <p>After considering the budgets of both Boards, it is unlikely the Board will be seeking increased contributions work will continue to align the</p>	Exec.

	budgets across Children's and Adults due to the variation in contributions across SABs.	
B8	<p>3-YEAR STRATEGIC PLAN</p> <p>BC presented the draft Strategic plan he had written, hopes to continue the joint working between the two Boards and after discussion at the Exec Group, continue to challenge each other and lead on issues important to our joint aims.</p> <p>Pages 5-8 outlined the objectives for the next 3 years in line with the four aims. Pages 9-10 uses a SWOT analysis around the feedback provided at the Support and Challenge event. Page 11 provides some context to the plan and pages 13-14 show the key risks and areas for focus for the duration of the plan. Key priorities include linking Domestic abuse and safeguarding, preventative work around safe relationships for people with learning disabilities, and evidencing lessons learnt e.g. audit trial development.</p> <p>Agreed BC to add changes currently happening for Children's Boards in changing the way it will be operating. BC also noted other Boards' data will help provide a broader picture as well as drawing comparisons from national data.</p> <p>Agreed to put the draft plan out for consultation to other Boards and Health Watch – to be fed back at the next Board meeting. TR added it would be beneficial to consult with the CSPCJB Board as we need clear links to CSP and SA Strategic needs assessment.</p> <p>Noted that aim in targeting the care market may be ambitious due to the wide-ranging issues Workforce Action Board has within its remit. However, initiatives around primary care wrap around care homes may give some assurance. SWK added key point in STP is the improvement in sharing skills to ensure work is being linked.</p>	
C	LEARNING AND INFORMATION	
C1	<p>DORSET FAMILY MATTERS</p> <p>X presented around the DFM Approach which works to get as many partners involved in whole family working.</p> <p>DFM is part of the national troubled families project and funded until 2020 and works to embed whole family working across all partner organisations. As it is not a service it unlocks resource in exchange for WFM with a lead professional co-ordinating the plan. Lead professional encourages other partners to work together for the interests of the family. To be eligible for resources families must trigger at least two criteria, spot-checked by the government.</p> <p>Progress so far</p> <ul style="list-style-type: none"> • Cross matching data across agencies to identify eligible families. 	

	<ul style="list-style-type: none"> • Total of 1405 DFM families have been worked with and 272 outcomes claimed to date. • Successes in getting education reps acts as leads as well as employment advisors and health advisors. • Currently progressing involvement of health partners to undertake the DFM worker role. <p>Positives include</p> <ul style="list-style-type: none"> • Increased family workers taking on role • Family zones provide good support • Increased amount of child social workers taking on this role. • DFM PCSO Piloted in Bridport with Dorset Police now expanding to Dorchester, Weymouth and Portland for 18/19. <p>Challenges faced</p> <ul style="list-style-type: none"> • the notion of family working is seen as someone else's problem therefore not targeted. • Existing culture of the 'referral' is challenging and problem that whole family strategies don't always convert into action. • Some lead professionals are not always fully supported which leads to poor handovers and less support for the family. <p>X further outlined a successful case study around a young mother and her child living in isolation, the mother with mental health issues which was impacting on the child's wellbeing. Due to involvement from DFM lead their social circle developed, which created a better environment for the child to develop with a support plan in place as well. Moving forward in whole family working a further focus on outcomes needs to be considered supported by strong, honest partnerships to develop the whole family mindset.</p> <p>KM agreed to forward Xs presentation to a contact in the Children's Board for strategic oversight.</p>	KM
C2	<p>LEARNING DISABILITY MORTALITY REPORT</p> <p>SS presented VR report.</p> <p>SS summarised report was an update of the work of the Pan Dorset Mortality review group across all health partners.</p> <p>This group agreed all trusts are to report on mortality with all patients to be reviewed within 30 days. SS provided an update on each provider and identified a small number of preventable deaths. The next stage of this group is to consider identifying themes and trends of improvement and developing methods to review deaths involving multiple providers.</p> <p>Since October 2017, Dorset CCG have taken responsibility for LeDeR programme Dorset wide, but due to a backlog in reviewing cases there are current issues in adhering to the 30-day review policy. Problems also encountered with information governance</p>	

	<p>arrangements especially when estimating hospital admission date due to lack of information sharing.</p> <p>FHa noted importance in reporting these figures and noted these figures would be reported in the annual report but these figures aren't reported on publicly otherwise.</p> <p>Discussion centred on the reviewers, SS noted all reviewers are clinical investigators, sometimes independent and in applicable cases matrons peer review those occurred in community hospitals.</p> <p>BC concerned over when these go to the SAR Subgroup for consideration, possibly needs to be set out in the Policy.</p> <p>TR added at CJB deaths when in custody is particularly focused on especially suicide, SWK added that it was recently announced The Verne will be accepting older offenders, this could be challenging for care market in providing support to them.</p> <p>BC requested SS bring a report around the work for Pan Dorset Mortality Review Group to every other quarterly Board meeting.</p>	SS/VR
D	ROUTINE	
D1	<p>LINE OF SIGHT FEEDBACK</p> <p>RM to request Calendar of visits to be undertaken this year by members.</p>	RM
D2	<p>UPDATE FROM PEOPLE FIRST</p> <p>KM provided a verbal update. Current focus of work is around staying safe online and KM adding to how this Board can support the work into this area e.g. online bullying and predatory behaviour.</p> <p>Focusing on developing skills in assessing incidents. LD partnership Board being evaluated in their arrangements, currently drilling down to review. Considering having a member with a learning disability to co-chair.</p>	
D3	<p>ANY OTHER BUSINESS</p> <p>BC wished the best to Fiona Haughey and Sally Shead in future.</p> <p>FHa noted that Dawn Dawson is taking on her role.</p>	

PRESENT

- Barrie Crook, (BC), Independent Chair, Dorset Safeguarding Adults Board
- Sally Wernick (SWK), Service Manager – Safeguarding Adults and Quality, Dorset County Council

- Karen Maher (KM), Business Manager, Dorset Safeguarding Adults Board
- Fiona Grant (FG), Detective Superintendent, Dorset Police
- Sally Shead (SS), Director of Nursing and Quality, Dorset CCG
- David Vitty (DV), Head of Adult Social Care, Poole Borough Council
- Sarah Thompson (STh), Safeguarding Manager, South West Ambulance Service NHS Foundation Trust
- Verena Cooper (VC), Designated Safeguarding Adults Manager, Dorset Clinical Commissioning Group
- Sarah Cake (SC), Safeguarding Adults Lead, Dorset County Hospital NHS Foundation Trust
- Fiona Haughey (FHa), Director of Nursing and Quality, Dorset Healthcare
- Tina Ridge (TR), Head of Dorset National Probation Service
- Graham Duggan (GD), Head of Community Protection, Dorset Councils Partnership
- Teresa Izzo (TI), Policy Lead for Vulnerable Adults, Poole Hospital NHS Foundation Trust
- Fiona Brown (FB), Housing Manager, Purbeck District Council
- Rhiannon McDowell (RM), Notetaker

IN ATTENDANCE

- Will Barnwell (WB), Programme Lead, Dorset CCG
- Annie Comben Lindsay, Project Partnership Co-ordination and Liaison

APOLOGIES

- Penny Smith (PS), NHS England
- Oliver Topliss (OT), Operational Manager, Dorset, Devon & Cornwall Community Rehabilitation Company Limited
- Brian Westlake (BW), Bournemouth, Dorset and Poole, Care Providers Federation
- Jackie Allen (JA), Dorset Age Partnership Chair
- Marie Waterman (MW), Manager for Dorset Volunteer Centre
- Matti Raudsepp (MR), Strategic Director, Christchurch and East Dorset Partnership.
- Harry Capron (HCa), Assistant Director - Adult Care, Dorset County Council
- Stuart Legg (SL), Area Manager – Dorset, Dorset & Wiltshire Fire and Rescue Service
- Sarah Thompson (STh), Safeguarding Manager, South West Ambulance Service NHS Foundation Trust
- Fiona Hoskins (FH) Deputy Director of Nursing, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
- Steve Butler (SB), Safeguarding Lead, DCC Member