



West of Berkshire Safeguarding Adults Board Meeting

26 June 2017

MINUTES

Attendees:	Teresa Bell - TB (Independent Chair)	Natalie Madden – NM (Business Manager)	Jo Purser - JP (Reading BC)
	Rachael Wardell – RW (West Berkshire Council)	Kathy Kelly - KK (Clinical Commissioning Group)	Anthony Brain - AB (Reading BC)
	Sarah O'Connor – SO'C (Wokingham BC)	Andrea King - AK (West Berkshire Council)	Jo Wilkins – JW (Reading BC)
	Jayne Reynolds - JR (Berkshire Healthcare Foundation Trust)	Johan Baker - JB (Wokingham BC)	Rick Jones – RJ (Elected Member, West Berkshire Council)
	Philip Murphy - PM (HealthWatch Reading)	Clare Rebbeck – CR (Wokingham Involve)	Tandra Forster – TF (West Berkshire Council)
	Patricia Pease - PP (Royal Berkshire Hospital NHS Foundation Trust)	Phillip Sharpe – PS (Wokingham BC)	
Apologies / Did not attend:	Stan Gilmour – SG (Thames Valley Police)	Sarah Gee – SG (Reading BC)	Graham Wilkin – GW (Reading BC)
	Anthony Heselton – TH (South Central Ambulance Service)	Dave Myers – DM (Royal Berkshire Fire and Rescue Service)	Simon Leslie – SL (Joint Legal Team)
	Mel Brain – MB (West Berkshire Council)	Rachel Eden – RE (Elected Member, Reading BC)	Norma Kueberuwa – NK (National Probation Service)
	Judith Ramsden – JR (Wokingham BC)	Abbie Murr – AM (Emergency Duty Service)	Jason Jongali – JJ (CCG)
Dates of future meetings:	1200-1500 Monday 25 Sept 2017, Council Chamber, Market Street, Newbury, West Berkshire 1200-1500 Monday 4 December, Council Chamber, Bridge Street, Reading		

Item	Discussion	Action
<p>1. Welcome and Apologies</p>	<p>Attendance as above.</p>	
<p>2. Issues arising from survey of practitioners</p>	<p>Findings from the survey of practitioners have informed the current Business Plan and specific comments have been fed back to individual agencies. There is still learning to be gained from comments provided in the survey and Board members were asked to consider the following:</p> <ol style="list-style-type: none"> 1. Services feel frustrated by Risk Enablement Panels and Safeguarding Referrals that can appear to achieve very little in terms of increasing the support to individuals or getting specialist support in place. 2. I know I have to report any concerns but I am scared to do so. 3. The technicality and jargon used by statutory agencies are incomprehensible to most and therefore the issues can get side-lined. 4. The other main issue of concern for churches is that very often when they raise concerns about vulnerable people - particularly in mental health and elderly people with dementia - managing the risks regarding their safety is a daily issue for church staff and the church community and yet being properly included in risk assessments and resulting care plans is often hit and miss. 5. In a large urban church there are always adult safeguarding concerns many of which go largely under the radar of statutory services. 6. Currently safeguarding is passed around teams with no one taking ownership of following up of safeguarding concerns. This is creating a very disjointed process for the service user. It is not personal in the slightest. <p>Board members discussed the comments and identified areas that require further consideration within agencies:</p> <ul style="list-style-type: none"> • It is essential for Board members to seek assurance that managers and staff are taking responsibility for safeguarding cases. • It is of concern that people are too scared to report concerns: are they daunted by the process? • Church members visit people in their homes and gain an understanding of people's care needs. There has previously been a focus on safeguarding children and only recently there has been more understanding of adult safeguarding issues. There has been limited engagement with local churches and faith groups and there is a need to do more effective outreach work. Faith groups could be represented on the Board or attend forums. 	

	<ul style="list-style-type: none"> • In response to a recommendation from a Serious Case Review in West Berkshire, an inclusive forum of faith organisations has been established. Attendees have a regional footprint and a wider focus for this forum could be considered. • There is currently a high turnover of staff and it is important to make links with safeguarding teams; Local Authorities need to provide clarity to partner agencies about team structures and staffing. • It is important to consider how language is used in different ways to exclude or include people. <p>AB received a concern from the Prevent Officer at Thames Valley Police regarding the requirement for mosques, madrassas, faith organisations, to have a safeguarding policy and display it on their website. Board members agreed that if they are providing social care support then it falls within the LA's responsibility to confirm that a policy is in place. The Diocese also has a responsibility.</p>	
<p>3. Governance structure for Mental Health</p>	<p>TB invited Gabrielle Alford to attend the Board meeting, who nominated Jason Jongali. Jason was due to present today but was not able to attend the meeting. TB shared a diagram provided by Jason.</p> <p>It is not clear to Board members how safeguarding issues are held within the mental health governance structure. Board members are still seeking clarity about the escalation process, how various groups link together and are governed, and how commissioning decisions are made.</p> <p>SO'C reported that questions about mental health processes have arisen from reviews, audit and practice about: reporting mechanisms; high level risks that have not being communicated with the SAB; escalation processes; governance processes and links with the SAB.</p> <p>There have been occasions where issues have arisen in a mental health setting, partners have not been well informed and it was not clear how concerns could be escalated. The Board seeks clarification about how issues will be dealt with and how outcomes will be fed back.</p> <p>JR commented that local authorities and GPs provide mental health services as well as BHFT.</p> <p>Questions about commissioning and funding needs to be directed to Berkshire West 10 (the Integration Board).</p> <p>TB to write to Gabrielle Alford on behalf of the Board to clarify the Board's issues and invite her to the next Board meeting.</p>	<p>TB to invite Gabrielle Alford to the next Board meeting.</p>
<p>4. Voluntary sector role in safeguarding</p>	<p>Following the March Board meeting, Sarah Morland from Reading Voluntary Action (RVA) sought clarification about the role of the voluntary sector on the Board.</p> <p>CR reported that Involve Wokingham and RVA have very wide networks and reach a wide audience. Updates following SAB meetings are shared via websites and weekly bulletins.</p>	

<p>adults</p>	<p>CR's main role is to support the voluntary sector in development, training and funding. She also signposts people, for example, there are 23 groups that support families upon diagnosis; GPs may not know what services are available, as it is an ever changing landscape. The community navigator scheme is a voluntary scheme to signpost people.</p> <p>RVA provide safeguarding for trustees workshops twice a year. RVA's governance quality mark, Safe and Sound, aims to see that trustees have relevant safeguards in place.</p> <p>A mini survey has been undertaken for front line staff in organisations funded by a CCG grant. A sample will be analysed with a particular focus on safeguarding and a report can be provided to the Board if required. Reading Borough Council looks for organisations to have achieved or be working towards Safe and Sound or an equivalent award when they are considering funding applications.</p> <p>A successful community awareness event was held in Wokingham in April and will be replicated in Reading in September.</p>	
<p>5. Engaging with providers</p>	<p>The current Business Plan contains two actions relevant to providers:</p> <p><i>Outcome 2.1a) Board membership reflects a wide and varied group of stakeholders.</i></p> <p>Representatives from Optalis, Sue Ryder and Circle have expressed interest in joining the Board and / or subgroups.</p> <p>It is important to ascertain how representatives will feedback to, and reflect the views of, the provider sector and the Board also needs to consider inclusiveness and accessibility of meetings. Representation from a Provide Forum is dependent on how effective the forum is and how well the representative feeds back.</p> <p>Board members supported a range of options for involving providers in the Board:</p> <ol style="list-style-type: none"> 1. An open Annual General Meeting or specific meeting for providers. It was agreed that an annual meeting alone would not be responsive enough. 2. Provider Forum in each area to be asked to debate safeguarding issues, with facilitated discussions to identify a number of top themes across the area. Forums could nominate someone to attend the Board on a rolling basis. 3. Berkshire Care Association is already well established; TB could attend meetings to learn how providers are approaching safeguarding within their own organisations. <p>Provider views can be sought to inform the Strategic Plan that needs to be reviewed in time for next March. Planning and consultation will begin in the Autumn.</p>	

	<p>NM confirmed that each Local Authority has been asked to identify a housing representative to join the Board.</p> <p><i>Outcome 4.2 Providers are supported to deliver safe, high quality services and the Board is assured that robust safeguarding processes are adhered to.</i></p> <p><i>Action a) DASS and other commissioners provide assurance to the Board (through the annual Self-Assessment audit) that robust safeguarding processes are adhered to by commissioned services in line with Care Act requirements.</i></p> <p>NM confirmed that a relevant question to support this outcome is included in the Self-Assessment Audit template (B2), for completion by partners by the end of the year.</p>	
<p>6. Policy and procedures for non-recent abuse cases</p>	<p>Following a query from a partner agency, SG has been invited to outline for the Board how Thames Valley Police respond to non-recent sexual abuse cases so that there is clarity for staff in other agencies about how to respond to disclosures.</p>	<p>SG to provide information for NM to circulate to Board members.</p>
<p>7. Minutes of last meeting and matters arising</p>	<p>The minutes of the Safeguarding Adults Board meeting held on 27 March were approved as an accurate record of the meeting. Board members reviewed the matters arising on the previously circulated progress sheet, with further discussion on the following points:</p> <p>Each Local Authority to ensure clarity in contracts with their advocacy provider:</p> <ul style="list-style-type: none"> • TF reported on an issue with capacity within contracts that is not proving easy to resolve. • Reading BC are going out to tender to bring three services into one; JW will ensure that there is clarity in the contracts arrangement so that the provider is clear about their obligations. The interim Principle Social Worker’s priority is advocacy and is currently looking at audits following discussion at the March Board. Providers will be engaged in joint working. • Wokingham is undertaking work with SEAP around quality, referral routes and prioritisation. SO’C reported there is a training requirement to ensure front line staff understand advocacy. <p>Prospect Park Hospital (PPH) CQC report and action plan: JR confirmed that BHFT are confident deadlines in the action plan will be met. CQC revisited in May for an unannounced, three day inspection on leadership and safety. Findings from the latest report will feed into the action plan.</p> <p>Standard Operating Procedure: The Standard Operating Procedure is being trialled for 5 weeks, following which feedback will be gathered, amendments made and the Procedure will then be formalised.</p>	<p>NM to forward CQC reports with the minutes.</p>

	<p>BHFT Mental Health Strategy: Individual agencies can provide comments on the Mental Health Strategy directly to Bev Searle; NM can also consolidate any specific safeguarding related comments and provide a Board response. Feedback to be provided by end of July.</p> <p>Guidance document for managing allegations against People in Positions of Trust: An overarching document is required to provide consistency, including a statement of intent, links with non-recent abuse and safer recruitment.</p> <p>Partnership Board Joint Protocol: TB to liaise with Fran Gosling-Thomas to confirm the status of the Protocol in each area.</p>	<p>NM to convene a task and finish group to develop an overarching guidance document.</p> <p>TB to liaise with Fran Gosling-Thomas to confirm the status of the Protocol in each area.</p>
<p>8. Business Plan 2017-18</p>	<p>Board members endorsed the Business Plan 2017-18.</p>	
<p>9. Annual Report 2016-17</p>	<p>Board members agreed to adopt the same format as last year’s Annual Report. There is a requirement for all partner agencies to contribute headline information about their safeguarding achievements and for key partners (the three Local Authorities, BHFT and RBFT) to share their safeguarding performance annual reports, to be appended.</p> <p>NM confirmed that the Board’s Annual Report can be ready for endorsement in September, although the annual performance reports by partners have previously not been available before November and this is what delays publication. Historically, Local Authorities have not wanted to publish their analysis of the statutory return data before it is validated in October. PP also reported that RBFT’s report is very detailed and lengthy and will be endorsed by internal committees before it is shared externally.</p> <p>The Annual Report will be presented to the Health and Wellbeing Boards in December / January.</p>	<p>NM circulate template.</p> <p>All partners provide headline information about safeguarding achievements in the last year.</p> <p>Local Authority leads to ensure the SAB Annual Report is on the forward plan for the HWB in Dec / Jan.</p>
<p>10. Documents for endorsement</p>	<p>Self-Assessment Audit Template</p> <p>NM referred to the self-assessment audit template that was circulated for comment earlier in June. Two amendments have been made to embed findings from recent case reviews:</p> <p>B1: There are clear policies and procedures in place to manage complex cases and support those who self-neglect or choose not to engage, in line with MSP and Duty of Care.</p>	

	<p>C8: The organisation has in place an annual audit programme that includes: supervision; voice of the service user; MCA monitored application; risk assessments; compliance with joint working procedures.</p> <p>Supervision is a recurring issue from several reviews: the Board needs to be aware if there is a problem regarding supervision within agencies.</p> <p>There is a requirement for partner agencies to refresh the self-assessment audit by the end of the year. For those that completed it last year, this will be a light touch exercise. Health agencies already complete a separate audit for the CCG and the findings are shared with the Board. Findings provided valuable information for the development of the Business Plan.</p>	<p>All partner agencies to complete the self-assessment audit by end of the year.</p>
<p>11. Quarterly report from subgroups</p>	<p>NM referred to the quarterly report summarising the work of the Subgroups. Individual actions were noted and endorsed as requested, with further discussion about the following points:</p> <p>The Communication Subgroup will agree a launch date for the Making Safeguarding Personal video produced by CLASP and BHFT and there will be a coordinated launch across partners.</p> <p>Bite size learning sessions coordinated by the Learning and Development Subgroup will be held on a quarterly basis:</p> <ul style="list-style-type: none"> ○ Sept 2017 - Learning from SARs (local & national); ○ Jan 2018 - Advocacy; ○ Mar 2018 - Safer recruitment. <p>Mental Capacity Act Week – a focused week of workshops for practitioners in mid-late October; date to be agreed once facilitators have been secured.</p> <p>Findings from the audit of dementia case files suggested that staff were not aware of the case of Mrs H. Although this case has not been widely publicised due to criminal proceedings, KK felt that the services involved in the case (e.g. the Memory Clinic) should be expected to know about the findings.</p> <p>Mrs H and Mr I Action Plan: there is one outstanding action regarding supervision policy. A review of Reading’s supervision policy will be a priority for the newly appointed PSW.</p> <p>Local Authorities collect data on Care Act advocacy and advocacy provided on an informal basis for the statutory return, but this data is combined. This data could be extrapolated so that the commissioners of advocacy services have a fuller understanding of what extent the services are being used. It is proposed that differentiation between formal and informal advocacy be added to the forms in the second half of this year. The subgroup agreed the following definitions:</p> <ul style="list-style-type: none"> • Formal advocacy is a commissioned agency separate to any other support package. • Informal advocacy is that provided by a family member, friend, support worker etc. 	

<p>12. Safeguarding Adults Review</p>	<p>NM referred to a report that summarised a recent case that the SAR Panel reviewed, together with learning from similar national cases. Where themes were not already being addressed by the work of the Subgroups, the Board considered the SAR Panel’s proposals:</p> <p>1) SAR Panel has identified that support for housing officers may be required re. capacity assessments.</p> <p>Wording to be amended to: <i>housing officers need to identify the requirement for a capacity assessment and make appropriate referrals.</i></p> <p>Such cases are complex and it is likely qualified social workers would be required to make decisions about capacity. This issue is wider than just housing; police and anti-social behaviour officers also have a role. Workers need to be aware of the issues and refer appropriately if they have someone they are concerned about.</p> <p>2) Partnership agreement is required for a pathway to secure support of an Appropriate Adult.</p> <p>JP reported that capacity issues prevent social workers from attending police interviews in the role of an appropriate adult. A community response is needed, with voluntary sector support if a social worker is not available. The appropriate adult does not necessarily need to be trained.</p> <p>SO’C reported that the Emergency Duty Service (EDS) recruited volunteers to provide support out of hours and designed programs, but not many of the Local Authorities bought into it. SO’C found that many people in the community wanted to help.</p> <p>Since it is a resourcing issue, alternative provision needs to be secured before a pathway can be agreed.</p> <p>RW reported that the availability of appropriate adults is monitored by the LSCB, with a specific recruitment drive when there are problems. The LSCB holds a spreadsheet of people willing to be contacted.</p> <p>TB confirmed that the issue appears to be pertinent to Local Authorities and the Emergency Duty Service. Representatives from each LA will liaise to share good practice. The Board will have an oversight role but will not drive the work. JP will talk to L&D team in Reading as there appears to be a gap in Reading.</p>	<p>Representatives from each LA liaise to share good practice.</p>
<p>13) Key Performance Indicators – Q4 data</p>	<p>Local Authority leads were asked to provide highlights from Q4 data.</p> <p>JP assured the Board that advocacy was a priority within Reading BC, with the Principle Social Worker raising awareness with front line practitioners through webinars and learning lunches. JW is working with the Mosaic systems team to include a mandatory box on advocacy to improve recording and prompt practitioners to consider advocacy.</p>	<p>Each Local Authority draw highlights from quarterly data to present to the Board at the next meeting.</p>
<p>14) Deprivation of</p>	<p>Wokingham BC is currently managing a significant waiting list and DoLS remains a priority with the</p>	

<p>Liberty Safeguards</p>	<p>leadership team.</p> <p>JP reported that Reading Borough Council is in a better place than as reported at the last Board meeting. A weekly rota is in place but this is affected by pressure within teams. JP is developing a business case to help manage the significant increase in DoLS numbers.</p> <p>In West Berkshire, two posts have been created to increase capacity to manage DoLS.</p> <p>PP reported that referral rates in RBFT are low and work is underway to raise awareness of DoLS, in particular on elderly care wards. A Quick Guide To DoLS will piloted in the hospital and can then be shared more widely.</p>	
<p>15) Risk and Mitigation Log</p>	<p>Board members were asked to review the Risk and Mitigation Log and add any risks that the Board needs to be aware of, for example, workforce issues that will impact on safeguarding and on other partner agencies.</p> <p>Risks arising from discussion at this meeting to be added to the log:</p> <ul style="list-style-type: none"> • Appropriate adults. • Shared understanding of what constitutes a safeguarding concern within partner agencies: this is a training issue. SCAS have adapted forms to distinguish between welfare concerns and safeguarding. 	<p>Board members to review the Risk and Mitigation Log and add any risks that will have an impact on safeguarding and on the work of partner agencies.</p> <p>NM add additional risks to the Risk and Mitigation Log as agreed.</p>
<p>16) Regional and National Developments</p>	<p>SCIE is developing a national library of safeguarding reviews and linked resources.</p> <p>Wokingham has been working on banking protocol: JB send to NM to circulate more widely.</p>	<p>NM circulate document from SCIE with minutes.</p> <p>JB send banking protocol to NM to cascade.</p>
<p>17) Communication items</p>	<p>The Board agreed the following items for inclusion in the Board’s Briefing:</p> <ul style="list-style-type: none"> • Link to learning from the Case of X • Mrs H briefing for practitioners. 	
<p>18) Any other urgent business</p>	<p>This will be Sarah O’Connor’s last Board meeting as she is leaving Wokingham Council. Members thanked her for her contribution to the work of the Board and the many subgroups, noting that she will leave behind a legacy of excellent work.</p>	
<p>19) Information items</p>	<p>None.</p>	

20) Closing thanks	TB thanked everyone for attending and closed the meeting at 1502.	
21) Dates of future meetings	1200-1500 Monday 25 Sept 2017, Council Chamber, Market Street, Newbury, West Berkshire 1200-1500 Monday 4 December, Council Chamber, Bridge Street, Reading	