



West of Berkshire Safeguarding Adults Board Meeting

25 September 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)	Seona Douglas - SD (Reading BC)
	Christopher Nicklin – CN (Wokingham BC)	Andrea King - AK (West Berkshire Council)	Chris Inness – CI (Thames Valley Police)
	Jayne Reynolds - JR (Berkshire Healthcare Foundation Trust)	Sharon Briggs – SB (Volunteer Centre West Berkshire)	Rick Jones – RJ (Elected Member, West Berkshire Council)
	Jenny Broad – JB (West Berkshire Council)	Sarah Morland – SM (Reading Voluntary Action)	Tandra Forster – TF (West Berkshire Council)
	Patricia Pease - PP (Royal Berkshire Hospital NHS Foundation Trust)	Phillip Sharpe – PS (Wokingham BC)	Sarah Gee – SG (Reading BC)
	Mike Harling – MH (West Berkshire Council)	Norma Kueberuwa – NK (National Probation Service)	Simon Leslie – SL (Joint Legal Team)
	Gabrielle Alford – GA (Clinical Commissioning Group) for items 1- 4	Jan Howlin – JH (Salvation Army) for items 1- 4	Chris Pape – CP (Salvation Army) for items 1- 4
Apologies / Did not attend:	Kathryne Abbott – KA (West Berkshire Council)	Anthony Heselton – AH (South Central Ambulance Service)	Stan Gilmour – SG (Thames Valley Police)
	Rachel Eden – RE (Elected Member, Reading BC)	Dave Myers – DM (Royal Berkshire Fire and Rescue Service)	Abbie Murr – AM (Emergency Duty Service)

Dates of future meetings:	1200-1500 Monday 4 December, Council Chamber, Bridge Street, Reading
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Item	Discussion	Action
1. Welcome and Introductions	<p>Attendance as above.</p> <p>TB reported that the annual Joint Safeguarding Conference which took place on 22 September was a very successful event and extended her thanks to colleagues who helped organise it. The Community Awareness Event in Reading organised by SM was also very well attended and received positive feedback.</p>	
2. Making Safeguarding Personal	<p>The video produced by CLASP Wokingham and BHFT to raise awareness of Making Safeguarding Personal was commended by the Board and members agreed that it will be a useful training resource. The video will be posted on the Board's website and will be publicised in early October. Board members are asked to help promote the video.</p>	Board members to help promote CLASP's video to raise awareness of Making Safeguarding Personal.
3. Role of the Salvation Army in supporting adults at risk	<p>Jan Howlin and Chris Pape from the Salvation Army in Wokingham outlined the support provided to homeless and vulnerable people in Wokingham. The Salvation Army is open for three and a half days, providing practical support such as showers, laundry, tents, bedding, hot food and a food bank, which are vital but not enough to make a difference to people in need. Support to get people back to work is provided, such as use of a laptop and training to help gain employment or voluntary work, which is vital for people's self-esteem. Staff signpost people to relevant agencies, work with other agencies to coordinate support for an individual, accompany to appointments and help with paperwork. JH also meets with representatives from the Council once a month to talk about individual circumstances. JH has found that people are spoken to differently if they are on their own compared to when they have an advocate present; this is most notable at health appointments.</p> <p>Many of the clients have mental health issues, are disillusioned and disengaged and have opted out of society. A number have attempted suicide. For some people suicide is perceived as the only way out; for others who are desperate, it is a plea for help. It is evident that people get fast tracked to receive services if they have attempted suicide. It is necessary to break this cycle by intervening early to prevent a problem reaching crisis point.</p> <p>JH reported that there are recognised difficulties in accessing mental health services. The first contact is often via telephone which is difficult for many clients. Support agencies may only provide group work which is not acceptable to many clients who find it intimidating; these people are often labelled as not engaging.</p> <p>Written correspondence is an issue for many clients. Documents are overwhelming; some are very lengthy</p>	

	<p>and complex. SM agreed that complex letters are daunting for many. A simple introduction or covering letter to summarise key points and the immediate actions required would be useful.</p> <p>AK extended her thanks on behalf of all partners present for the service the Salvation Army in Wokingham provides for people with complex needs. The Salvation Army embraces the principles of restorative practice and reaches people that statutory agencies cannot reach.</p> <p>PP is leading on a piece of work about patient experience and invited JH to contribute to this work. PP recognises that suicide and self-harm is an option to get fast tracked; there are frequent attenders at A&E that fit this profile, and prison is also an option. People in desperate need resort to extreme actions and it is essential that we understand where the trigger points are and where earlier intervention would have had an impact.</p> <p>Reading Voluntary Action runs a volunteer broker service and reports that front line staff receive disclosures about suicide but there is a gap in where staff and volunteers can go in order to support clients.</p> <p>SG reports that there has been an increase in the number of rough sleepers. An analysis of the rough sleeping population in Reading shows they are all (except one) Class A substance misusers. Reading provides support services for the homeless which attracts people to the area. Prevention work needs to be done in partnership. Services are not taken up as it is more lucrative to beg.</p> <p>AK reported that a mixed faith group has been convened to respond to risks and there has been interest from Reading BC to join up working both children and adult safeguarding.</p> <p>RW confirmed that Newbury also has a problem with homelessness. It would be of interest for this Board to work out what the three areas have in common to tackle together and what is unique to a particular area.</p> <p>TB reported that the issues raised in this discussion will be woven into the Board’s three year Strategy which will be refreshed for April.</p>	
<p>4. Governance structure for Mental Health</p>	<p>KK explained that the purpose of her report was to provide a context for the CCGs’ governance structure for mental health commissioning. The main focus of the report is to outline the governance processes used by the CCGs in their quality assurance function as commissioners of mental health providers.</p> <p>The Board is asked to consider how the Berkshire West 10 (BW10) can link more effectively to the Board. The report recommends that subgroups review their Terms of Reference to include safeguarding and a</p>	

	<p>clear escalation process.</p> <p>The partnership has worked effectively together to make improvements to the governance structure within the last year with the introduction of joint committees. The report highlights key concerns currently under discussion by the subgroups or multi-agency groups, and partnership working to address the concerns.</p> <p>KK confirmed that a variety of quality assurance processes are in place and the CCGs have a safeguarding committee that can raise issues to this Board. Assurances include quality assurance of commissioning, a quality schedule, provider performance and contracts as well as compliance checks for GPs. This has been expanded to include the voluntary sector organisations which have completed self-assessments. The gap between the SIRI and SAR process has been closed.</p> <p>TB reinforced the purpose of this agenda item is to clarify how safeguarding issues are managed within the governance structure. TB highlighted the need to clarify the links to and from the Board. Discussion followed about the appropriateness of feedback from the Protocols in Partnership Group (PiP) or the Mental Health Activity Subgroup, since this is where practitioners take issues. TF suggested that there should be a formal link between the Board and the Berkshire West 10 (BW10). The Board could escalate strategic safeguarding issues for consideration by the BW10.</p> <p>SD suggested that the Board needs to understand the value of the subgroup meetings and what value they give to residents. Terms of reference and membership of each subgroup needs to be understood. SD asked whether the Board is assured that people with mental health needs are receiving sufficient support, and when safeguarding issues arise, are we reacting appropriately. GA confirmed that from her perspective of chair of many of the subgroups, they do cross reference across the system.</p> <p>In order to assure the Board, all subgroups are asked to produce a report summarising the main safeguarding issues that have arisen that the Board needs to be alerted to. This information will help clarify which group is most appropriate to feed into the Board. TB will confirm the wording of the request for GA to send out to all the subgroups. A response is required in time for the next Board meeting.</p>	<p>TB to confirm the wording of the request for GA to send out to all the subgroups. NM bring forward for next Board meeting.</p>
<p>5. Exploitation and Allegations Management</p>	<p>a. Child Sexual Exploitation (CSE) and Transition</p> <p>NM explained that the chair of the National Working Group for CSE (Philippa Cresswell) wrote to chairs of Strategic CSE Steering Groups, Directors of Children’s and Adults’ Services and Safeguarding Adults Board Chairs regarding the operational challenge that is being faced by all Local Authorities and partners regarding children who are known to services in relation to Child Sexual Exploitation and the available support for them once they turn 18. Nationally, each area has been asked to consider nominating a</p>	

	<p>representative from adults' service to attend the local CSE groups.</p> <p>NM reported that there is no adult representative on the CSE group in Wokingham. West Berkshire has recently nominated a representative. Reading BC has developed a transition pathway whereby a member of the adult safeguarding team attends the CSE Operational Group when the young person turns 17 and a half. The CSE Coordinator also attends the adult exploitation panel and they work together until they are satisfied that a robust transition plan is in place. In parallel, any support services begin joint visits with RAHAB (adult exploitation service) in readiness for the handover. Reading's pathway has been commended nationally.</p> <p>NM reported that the LSCB business managers already have this pathway but she will send to senior Board members in each LA to review, adapt and adopt as necessary.</p>	<p>NM share Reading BC's CSE transition pathway with RW and PS.</p>
	<p>b. Non-recent allegations – TVP position & expectations of partner agencies</p> <p>CI referred to the paper outlining Thames Valley Police's position regarding allegations of non-recent abuse and the responsibilities of partner agencies.</p> <p>All non-recent abuse investigations are managed on a case by case basis by the appropriate department. The age of the victim at the time of the alleged offence is the determining factor:</p> <ul style="list-style-type: none"> • Inter familial abuse or abuse by an offender in a position of trust – Child Abuse Investigation Unit. • Penetrative sexual activity with victim under 13 – Child Abuse Investigation Unit. • Acquaintance / stranger relationship including child victim 13-15 – Force CID. • Domestic relationship – Domestic Abuse Investigation Unit. <p>TVP have clear operational guidance and procedures to support the management of these investigations along with expectations regarding supervision, investigation and statutory obligations regarding victim management.</p> <p>If staff from other organisations receive a disclosure of non-recent abuse then it is a matter for their professional judgment and / or consent of the victim as to whether they report it to Police. There is no current mandatory reporting requirement. TVP encourages practitioners to report but acknowledge that doing so may impact on the professional relationship with the victim and the ability to provide ongoing support to them.</p> <p>However, if the report identifies a current safeguarding concern, particularly with regard to other potential victims, then organisations have to seriously consider their duty to report this to ensure effective safeguarding measures can be put in place. Any report to the Police should always be made with the</p>	

	<p>victim’s knowledge. Practitioners must consider the risks and take action to mitigate them without alerting the perpetrator who may still pose a risk to the victim or others.</p> <p>Practitioners are reminded not to question the person about the disclosure as this will affect the validity of the Achieving Best Evidence (ABE) interview.</p> <p>Work is underway with 101 call takers so they know what the expectation is: no one reporting a disclosure of non-recent abuse should be turned away or signposted. If people do receive a different response from 101 this should be escalated to CI.</p> <p>From 1st October, TVP will be launching Operation Verse to enable anonymous reporting of rape or serious sexual assault by a victim or a third party. The scheme is aimed at encouraging anonymous reporting to enable Police to identify safeguarding needs, develop intelligence and profile of rape offending and enable evidence gathering opportunities that may support a prosecution should a victim wish to engage with Police at a later date. Communications regarding Operation Verse will be published during the week commencing 25th September.</p> <p>CI noted that there are still concerns about information sharing. He reminded the Board of the Bichard Inquiry and requested that staff be reminded of the findings and recommendations of the report.</p> <p>PP stated that from a child perspective an Information Sharing protocol has been agreed by Berkshire LSCBs and sought clarification about the responsibilities of SARC (Sexual Assault Referral Centre) within this protocol. CI confirmed that legal powers sit within data protection.</p> <p>NM take the guidance note to next Berkshire Policy and Procedures Group meeting for inclusion in the Policy and Procedures.</p>	<p>CI share information about Operation VERSE with NM, for onward circulation.</p> <p>NM take the guidance note to next Berkshire Policy and Procedures Group meeting for inclusion in the Policy and Procedures.</p>
	<p>c. Managing allegations against people in positions of trust – Guidance document</p> <p>NM presented the draft Allegations Management Framework, which is intended to provide an overarching set of standards. Organisations will be expected to develop internal processes (or align existing ones) setting out how this framework will be implemented. The document clearly sets out that compromise agreements must not be used.</p> <p>Board members endorsed the document which can now be shared with Boards in the east of Berkshire for inclusion in the Berkshire Policy and Procedures.</p> <p>The working group identified a number of instances where, if there were a LADO function in adults to manage allegations, further incidents of harm would not have happened. It was agreed that having an allegations management function in Adult Services would be of benefit and would strengthen safeguarding</p>	<p>Board members seek to implement the Framework within their organisations.</p> <p>NM forward to Berkshire Policy and Procedures Group for inclusion in the Berkshire Policy and Procedures.</p>

	<p>arrangements.</p> <p>AK convened a follow up meeting in West Berkshire to review the LADO function and consider the potential of expanding this function into Adult Services. West Berkshire have a particular interest in this function following a recent SCR and will seek to pilot the adult LADO function for 6 months in order to test and review it. It will be linked with the children’s LADO function and matrix managed across adult and children services to ensure robust supervision.</p> <p>The current statutory framework does not provide sufficient provision for an Adult LADO function to manage concerns about suitability, so concerns about suitability will not be managed by any Adult Services LADO at this stage, but this will be reviewed after the pilot phase.</p> <p>SD welcomed the proposal. PS reported that a part time post has been created in Wokingham to oversee the LADO for adults, and progress made in Wokingham will be fed into further discussions about the outcome of the pilot.</p> <p>PP confirmed that the Hospital has a joint protocol and the LADO function is a good source of advice and guidance.</p> <p>Legislation does not support adults in the same way as children’s. It is recommended that the SAB petitions nationally about allegations management as a gap in Adult Safeguarding and Protection guidance. SD is on ADASS will take it as an item in December. TB to raise the issue through the Independent Chairs Network.</p> <p>TB thanked colleagues that have contributed to this work and asked that the Board reviews the position at its March meeting, where an update on the pilot in West Berkshire will be provided and organisations will be asked to assure the Board of processes in place to embed the Allegations Management Framework.</p>	<p>SD to refer the issue to ADASS in December. TB to raise the issue through the Independent Chairs Network.</p> <p>NM bring forward for Board meeting in March.</p>
<p>6. Policy and Procedures – new website</p>	<p>The Board endorsed the new Policy and Procedures website which will be ready to be launched mid-October.</p>	
<p>7. Annual Report</p>	<p>NM presented the draft Annual Report. Members were asked to review and feedback any comments about inaccuracies or gaps to NM within two weeks.</p> <p>Partner agencies’ safeguarding performance annual reports will need to be finalised by mid-November so that they can be attached ready for TB to present to the Health and Wellbeing Boards.</p>	<p>SM co-ordinate a response from the voluntary sector for inclusion in the Annual Report.</p> <p>All review draft Annual Report and feedback comments to NM by 6 October.</p>

		RW, SD, PS, JR, PP ensure safeguarding performance annual reports are forwarded to NM by mid- November.
Standing items		
<p>8. Minutes of last meeting and matters arising</p>	<p>The minutes of the last meeting were approved as an accurate record of the meeting, with further discussion about the following actions:</p> <p>Self-assessment audit:</p> <p>NM asked members to note that agreement was provided in June for partners to complete the self-assessment audit. She confirmed that the same template will be used in the east of Berkshire and that it will be coordinated so that partners working across the county will only be asked to complete it once and their responses then shared by Business Manager.</p> <p><i>Appropriate Adult - Representatives from each LA liaise to share good practice.</i></p> <p>JP confirmed that she had begun an email conversation with her counterparts. It is a challenge to release social care staff to act as an appropriate adult unless in exceptional circumstances. Consideration will need to be given to involving voluntary agencies in this role.</p> <p>SD suggested that this issue be taken up with the police. CI will discuss further with SG.</p> <p>RW referred to processes in children’s services where the police alert the LSCB or LA if numbers of appropriate adults are inadequate to meet the need.</p> <p>PS reported that Wokingham commissions services to provide appropriate adults for both children and adults, which is currently under review.</p> <p>KK reminded the Board that this issue arose from a recent case reviewed by the SAR Panel. A response needs to be coordinated and fed back to the SAR Panel.</p>	<p>CI, JP, TF, PS to take forward original action and coordinate a response.</p>
<p>9. Quarterly report from subgroups</p>	<p>RW commended the first bite size session on Learning from SARs which was well attended and informative. The remaining sessions will be on Advocacy (18 Jan) and Safer Recruitment (March).</p> <p>Mental Capacity Act Week events are almost fully booked.</p> <p>The L&D Subgroup has requested that the Board give a clear steer that all LA care staff (adult & children) undertake both safeguarding adult and children level 1 training. Board members requested further clarification about “care staff.” The Board can set expectations for the workforce that Board members have</p>	<p>RW, SD, PS to confirm the current mandatory level of training for staff for children and adults safeguarding within</p>

	<p>direct responsibility for but it is more difficult to set expectations for the wider workforce. RW, SD, PS will confirm the current mandatory level of training for staff for children and adults safeguarding within each LA and report back so the Board can take a view on what level of training it can recommend as appropriate.</p>	<p>each LA. NM bring forward for next Board meeting.</p>
<p>10. Safeguarding Adults Reviews</p>	<p>The Board endorsed the following changes to the Safeguarding Adults Review (SAR) Panel’s Terms of References:</p> <ul style="list-style-type: none"> • New function to inform Care Quality Commission about all reviews involving regulated services, whether or not CQC have been involved. • New requirement for all members of the SAR Panel to bring relevant information to Panel meetings for cases under consideration. • New reference to a child/other adult in the notification report (Appendix 2). <p>KK gave an update on the cases currently under consideration by the SAR Panel, two of which have reached the criteria for a SAR. The features of one of these cases (arising in Wokingham) appear to be similar to previous cases, so the SAR Panel is exploring alternative approaches to gain the best learning. A single agency review is underway for one case in Prospect Park and a multi-agency review is being undertaken involving a case in West Berkshire.</p> <p>KK, as CCG representative, will routinely share information from the SAR Panel with PP.</p>	
<p>11. Key Performance Indicators – Q4 data</p>	<p>TB invited each LA to present highlights from the KPI set for the Board’s attention.</p> <p>TF noted that KPI 3.5 (<i>Concluded s42 enquiries by primary support reason</i>) indicated a greater focus on memory and cognition in West Berkshire, which may lend itself to a multi-agency audit.</p> <p>CI reported that there is work underway in Wokingham around its care governance procedures. The Oversight and Quality Subgroup considered different ways of reporting KPI 1.1 (<i>Percentage of nursing and residential homes where the LA is not placing individuals where there are quality assurance and / or safeguarding concerns</i>) to better reflect the number of beds, rather than the number of homes.</p> <p>KK referred to a report completed by Jo Wilkins that was shared with the Oversight and Quality Subgroup detailing her analysis of mental health and Learning Disabilities within safeguarding concerns.</p> <p>TB is leading on a working group to develop a dashboard that will present data in a simple and concise way in order to highlight key themes and issues for the Board.</p>	

<p>12. Deprivation of Liberty Safeguards</p>	<p>TB referred to the quarterly DoLS reports from the three Local Authorities, BHFT and RBFT which summarise the risks and mitigating actions. She proposed that an update report or action plan from each organisation be presented to the Board, detailing the actions to manage DoLS with timescales, so that the Board can be assured that risks are being managed and whether escalation is required.</p> <p>Each organisation to produce a succinct report or action plan to include DoLS authorisation and Community DoLS in time for the next Board meeting.</p>	<p>PP, JR, RW, SD, PH ensure their organisation produces a succinct report or action plan to include DoLS authorisation and Community DoLS, in time for the next Board meeting.</p>
<p>13. Budget</p>	<p>JP confirmed that there is an unallocated budget of £17,000.</p> <p>TB suggested that the Board uses some of the underspend to fund a piece of work to deliver the action on self-neglect from the Business Plan:</p> <ul style="list-style-type: none"> • Action 4.5 b) Review undertaken to inform the Board of prevalence of self-neglect cases reported under safeguarding framework, and outcomes for the individual. <p>The Effectiveness Subgroup has not met since Sarah O'Connor left; this is the only outstanding action assigned to the Subgroup.</p>	<p>TB and NM to circulate a proposal for Board members to consider.</p>
<p>14. Risk and Mitigation Log</p>	<p>The risks associated with Deprivation of Liberty Safeguards will be a focus for the next Board meeting, as discussed under item 12.</p>	
<p>15. Regional and National Developments</p>	<p>TB referred to a report on the impact of the statutory status on adult safeguarding which can be discussed further at the next Board meeting.</p>	
<p>16. Communication items</p>	<p>The Board agreed the following items for inclusion in the Board's Briefing:</p> <ul style="list-style-type: none"> • Making Safeguarding Personal video • Non-recent abuse guidelines from Thames Valley Police • New Policy and Procedures website • Allegations Management Framework 	
<p>17. Any other urgent business</p>	<p>The Board's three year Strategy is due to be refreshed ready for publication in April 2018. TB intends to convene a working group to lead on the production of the Strategy.</p>	<p>TB / NM invite colleagues to join a working group for the production of the</p>

		Strategy.
18. Information items	<p>The following items were circulated for information:</p> <ul style="list-style-type: none"> • Berkshire Federation of CCGs summary report on Safeguarding GP Self-Assessment Audit December 2016 • MCA Week Flyer 	
19. Closing thanks	TB thanked everyone for attending and closed the meeting at 1500.	
20. Dates of future meetings	1200-1500 Monday 4 December, Council Chamber, Bridge Street, Reading	