

MINUTES

Meeting Title	West of Berkshire Safeguarding Adults Partnership Board				
Date	22 nd September 2020				
Time	10-12:30				
Location	Microsoft Teams				
Chaired By	Teresa Bell, SAB Independent Chair				
Confirmed Attendees:					
Teresa Bell, Independent Chair, SAB	Lynne Mason, Business Manager, SAB	Andy Sharp, Executive Director - People, West Berkshire District Council	Sue Brain, Service Manager – Safeguarding Adults, West Berkshire District Council	Patricia Pease, Associate Director for Safeguarding and Mental Health, Royal Berkshire NHS Foundation Trust	Dorcas Nyabunze, Head of Service, Emergency Duty Service
Anthony Heselton, Head of Safeguarding & Prevent Lead, South Central Ambulance Service	Linda Andrew, Acting Head of Service, Emergency Duty Service	Mike Harling, Principle Social Worker, West Berkshire District Council	Simon Broad, Assistant Director - Adult Social Care at Wokingham Borough Council, Wokingham Borough Council	Garry Poulson, Director, Volunteer Centre West Berkshire	Mandeep Kaur Sira, CEO, Healthwatch Reading
Richard Johnson, Detective Inspector, Thames Valley Police	Jo Taylor-Palmer, Locality Manager - Safeguarding, Reading Borough Council	Jane Fowler, Head of Safeguarding, Berkshire Healthcare Foundation Trust	Jon Dickinson, Deputy Director of Adult Social Care, Reading Borough Council	Kathy Kelly, Head of Safeguarding Adults, NHS Berkshire West Clinical Commissioning Group (CCG)	
Apologies/ Did not attend					



Paul Coe, Acting Head of Service, West Berkshire District Council	Deborah Fulton, Director of Nursing & Governance, Berkshire Healthcare Foundation Trust	Lorna Pearce, Safeguarding Strategic Services Manager, Wokingham Borough Council	Supt. John Nicholas, LPA Commander Reading, Thames Valley Police	Cllr Graham Bridgman, Deputy Leader and Executive Member for Adult Social Care, West Berkshire District Council	Katherine Beet, Business Support Officer, West Berkshire SAB
Cath Marriott, Partnerships and Performance, Office of the PCC – Virtual Member	Seona Douglas, Director of Adult Care and Health Services, Reading Borough Council	Cllr Tony Jones, Cllr, Reading Borough Council	Simon Leslie, Solicitor, Joint Legal Service – Virtual Member	Heidi Ilsley, Deputy Director of Nursing, Berkshire Healthcare Foundation Trust	Simon Price, Head of Housing, Wokingham Borough Council – Virtual Member
Susan Powell, Building Communities Together Team Manager, West Berkshire District Council	Jennifer Daly, Safeguarding Programme Lead, NHS England South (South East)	Cllr Claire Rowles, Cllr, West Berkshire District Council	Hannah Powell, Senior Probation Officer (Berkshire), Thames Valley Community Rehabilitation Company	Carl Borges, Advocacy Services Manager, Healthwatch Reading	Zelda Wolfle, Assistant Director of Housing & Communities, Reading Borough Council
Matt Pope, Director Of Adult Service, Wokingham Borough Council	Nicholas Durman, TBC, HealthWatch Wokingham	Liz Warren, Risk Reduction Manager, Royal Berkshire Fire and Rescue Service	John Ennis, Senior Probation Officer, National Probation Service – Virtual Member	Cllr Charles Margetts, Executive Member for Adult Social Care, Wokingham Borough Council	Debbie Simmons, Nurse Director, NHS Berkshire West Clinical Commissioning Group (CCG)

Item	Discussion	Action
1.	<p>Welcome and Introductions</p> <p>TB opened the meeting, as the meeting was virtual it was agreed that attendees would introduce themselves when speaking, rather than doing a full round of introductions. Attendees were asked to use the chat function to make comments during the discussion.</p>	
2.	<p>Risk and Mitigation Log, in response to Covid</p> <p>In preparation for this meeting SAB Statutory Partners (RBC, WokBC, WeBC, CCG, BHFT, TVP and BHFT) were asked to prepare a short presentation answering the following questions:</p> <ul style="list-style-type: none"> • <i>What are the main risks to adult safeguarding as a result of the pandemic?</i> • <i>What plans are in place to mitigate these risks?</i> • <i>How will these risks impact on the SAB?</i> <p>There was a detailed discussion as a result and the SAB Risk and Mitigation Log and 20/21 Business Plan will be updated to reflect the discussions, to ensure that the SAB is priorities are correct.</p> <p>Wokingham BC, presentation by SiB</p> <ul style="list-style-type: none"> • <i>Increased risk of isolation of vulnerable people, work on going with the voluntary sector to reduce isolation. During lockdown 6000 residents were contacted, a number of residents were identified as not accessing the support they need.</i> • <i>Reduced ability to meet people face to face is impacting on the delivery of Making Safeguarding Personal. Continue to meet people face to face where safe to do so and are developing use of technology to improve customer experiences when meeting virtually.</i> • <i>Increased referral rates have seen a 50% increase which has been particularly down to inappropriate referrals, which significantly impacts on the safeguarding team's capacity.</i> • <i>Have a number of transformation targets which may have to be postponed in light of pandemic and the possible second wave.</i> • <i>Testing capacity is a concern.</i> • <i>PPE was an issue previously is now under control but cannot be certain this won't be an issue going forward.</i> • <i>How will these risks impact on the SAB?</i> <ul style="list-style-type: none"> ○ Slow down the delivery of strategic priorities ○ Priorities across LA's due to the different demographics may be different ○ Operational capacity is limited due to increased demand reducing capacity for SAB information requests. 	

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	<p>Discussions as a result of Wokingham presentation:</p> <p>TB asked all attendees if the SAB have had the balance right during the pandemic, meetings were reduced and work suspended to keep it manageable, along with keeping information requests down to a minimum. TB and LM have tried to ensure that the SAB Business Plan is pertinent to the priorities of the partnership and we need to know if the balance is not right. No concerns were raised about the SAB expectations since the start of the pandemic.</p> <p>What is the context around inappropriate referrals? SiB does not have the detail behind this however the issues are being addressed with individual agencies. It appears that referrals may be made to safeguarding in order to get a quicker response, but this is clogging up the system. The pandemic has not necessarily had an impact in this. All Local Authorities (LA's) agreed that there had been an increase in inappropriate referrals and that a collective approach to dealing with this would be helpful in addressing the issues. RJ (TVP), has identified from other partnership meetings that LA's have noticed an increase in inappropriate referrals from TVP. There appears to have been a change in policy, which RJ will explore in more detail. Agreed that a meeting will be held between the LA's and TVP to discuss and agree a suitable resolution.</p> <p>JPT (RBC), whilst new to Reading, JPT has worked in safeguarding for a long time and has noticed with inappropriate referrals is that professionals are concerned but don't meet the safeguarding criteria. We need to consider where these concerns should sit, particularly around Homelessness and Alcohol and Drug addiction. The traditional safeguarding module is about addressing peoples personal and medical needs however needs are changing, and concerns are coming in via the safeguarding route as it is not clear to professionals where they should take them.</p> <p>TB, the Isle of Wight SAB are doing a lot of work in this area and nationally work is ongoing with Michael Preston Shoot and Adi Cooper, SP (Wok) also asked that the SAB spend some time looking at Homelessness and Safeguarding. We need further conversations about this at SAB, so it should be highlighted within our Business Plan where there is already a priority around self-neglect. This conversation is broader than the SAB and should be discussed with Community Safety Partnerships.</p> <p>MKS (HWRe), would have liked to see a question to partners specifically around advocacy and how the pandemic has impacted on this. It was agreed that this is a very important point and is covered within the SAB Dashboard. It is an issue that advocacy referrals have dropped during the pandemic and the SAB need to ensure that this is a priority.</p>	<p>LA's to work together to address the issues with partners regarding inappropriate referrals – All LA's</p> <p>TVP to investigate the strategic decision they may have led to an increase in inappropriate safeguarding referrals and work with LA's to resolve - RJ</p>

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	<p>West Berkshire BC, presentation by SuB</p> <p>SuB joined the role of Service Manager, Safeguarding Adults, West Berkshire District Council at the beginning of this month (September 20). SuB did not have a lot to add that was covered within the assurance paper (paper 2).</p> <ul style="list-style-type: none"> • Risks have been identified regarding sickness rates due to Covid and seasonal flu and how this may impact on the workforce, it is not possible to mitigate such a risk. • Lack of access to enclosed environments such as care homes, technology is being used but it is not ideal. Open spaces are being used wherever possible, but this will prove less of an option as we move into winter. • There was a marked decline in safeguarding referrals at the start of lockdown from SCAS and TVP, this has since gone back to ‘normal’ levels, but this may alter again depending on how the pandemic progresses. • There was not the spike in referrals in relation to Domestic Abuse that was expected. • Saw an increase in concerns as a result of peer on peer behaviours which were due to lockdown and now lockdown has eased this has reduced, but likely to increase again if further restrictions are applied. • In regard to how this will impact on the SAB, agree with Wokingham. As we are organisationally busy this will take away from our capacity to deliver on strategic priorities. We are in a period of uncertainty. <p>Discussions as a result of West Berkshire presentation:</p> <p>TB, access to Care Homes is a pertinent issue. NICE have produced a document on Safeguarding in Care Homes which is currently out for consultation https://www.nice.org.uk/guidance/indevelopment/gid-ng10107 deadline for feedback is the 1st October 2020. TB and LM have reviewed the document and think that in the main the recommendations are welcoming and will support our SAR recommendations. Any comments on the guidance please feedback to LM. As a SAB we do need to improve our engagement with closed environments.</p> <p>KK, the NICE guidelines are overall welcomed, however there are a lot of recommendations for SABs which will impact on workload, particularly as our SAB covers 3 Local Authorities. There is already an ICP which may be able to double up as a subgroup to address the requirements of the SAB, KK will share the details of this group with LM so the SAB can consider if this group would appropriately address the recommendations set out in the guidance once published.</p> <p>TB, there have been some great examples of how the partnership work with the provider market during this pandemic.</p>	<p>Feedback on NICE consultation relevant to SAB to be shared with TB and LM - All</p> <p>Share details of ICP Group that may support implementation of NICE guidelines – KK</p>

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	<p>Reading BC, presentation by JD</p> <p>Majority has been already been covered by WokBC and WeBC presentations. The pandemic started with a crisis response getting to grips with the new ways of working to which we have all adapted. There was concerns that due to lockdown that the eyes and ears in the community would be significantly reduced which led to a drop in safeguarding referrals.</p> <p>We then went into a recovery phase and began analysing the impact of lockdown, saw an increase in referrals in regard to neglect and financial abuse.</p> <p>Capacity has been stretched and continues to be during this pandemic. Feel like we are moving into a new phase which is a combination of crisis and recovery. In order to mitigate the risks in regard to safeguarding JPT has been brought in as an additional resource to look at reshaping the safeguarding team, review processes and complete an analysis around performance.</p> <p>The response to the pandemic has evidenced the strong partnership that is in place and the ability to adapt, for example carrying out virtual quality monitoring visits.</p> <p>The pandemic will impact on SAB priorities, RBC have seen:</p> <ul style="list-style-type: none"> • Increase in Mental Health particularly in younger people which will have an impact on safeguarding • Tensions around capacity across the partnership • Financial tensions due to varying priorities across various boards • Ensuring quality of service provision when unable to visit <p>Discussions as a result of Reading BC presentation:</p> <p>TB, would echo the point around the positive response in the partnership in response to the pandemic.</p> <p>SiB, listening to the discussions and reflecting, there is a strong emphasis on hospital discharge and pathways are being changed to speed up the process, it is important that the safety of hospital discharges is monitored. Is this something the SAB could monitor as it is not emphasised enough at the ICP group managing this process.</p>	<p>Feedback on NICE consultation relevant to SAB to be shared with TB and LM - All</p> <p>Share details of ICP Group that may support implementation of NICE guidelines – KK</p>

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	<p>AH (SCAS), has seen some dangerous discharges across the patch (Berkshire, Buckinghamshire, Hampshire and Oxfordshire) which puts pressure on SCAS and would ask that the SAB focuses on this.</p> <p>TB, the risk register, and business plan can be updated to reflect this concerns around hospital discharge.</p> <p>PP (RBFT), it would be interesting to know why SiB understands that safety around hospital discharge pathways has not been adequately considered. SiB, this was raised at a Rapid Community Discharge steering group, we need better analysis of unsuccessful discharges to identify themes and learning. The SAB needs to have an overview on this as there is an impact on safeguarding. PP will discuss the concerns with the chair of the steering group.</p> <p>BHFT, CCG and RBFT, presentation by KK BHFT, CCG and RBFT worked on a joint presentation which was delivered as a PowerPoint presentation which can be found here:</p>  <p>SAB BW health presentation Sept 21</p> <p>Discussions as a result of BHFT, CCG and RBFT presentation: PP:</p> <ul style="list-style-type: none"> • In reference to the increase in female suicide the first findings of the audit are due to go to the suicide prevention group this will be shared with SAB once finalised. The findings do support what we know about carers stress. • Mental Health, there has been a surge in young people and eating disorders which has led to a shortage of beds. Partners are working closely together to respond to the challenges. A plan is in place through the Mental Health and Learning Disability Integration Board. • Domestic Abuse, big impact on families, have seen an increase in child deaths and child harm. • Covid Swabbing, a pathway for people with Learning Disability has been implemented and will be expanded to cover the most vulnerable in the community. 	<p>To raise concerns about safety of hospital discharges with steering group chair - PP</p>

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	<p>TB, the SAB would want to see the report on suicide and keep track on Domestic Abuse. Links with the ICP, we need to ensure that we have appropriate links and possible consider a more formal approach.</p> <p>MH (WeBC), the hub that was created in response to the pandemic worked well as there were formal links with the safeguarding team.</p> <p>MH, in response to the increase in Mental Health complexities as a result of the pandemic, an interactive session around hoarding was commissioned, it is understood that Reading and Wokingham have also commissioned such training. LM, the SAB have commissioned hoarding training aimed at carers and the voluntary care sector in response to this.</p> <p>JF (BHFT), preparing the response to the questions posed by the SAB was a very useful experience and feedback was positive. A future session will be arranged.</p> <p>AS (WeBC), the partnership needs to ensure we have co-ordinated winter plans particularly around hospital discharges and Covid testing. There is a safeguarding risk regarding provider failure as providers have been unable to recover before the second wave. TB is there a forum in place to address the risks around provider failure or should something be put in place? There are provider forums in each of the LA's.</p> <p>GP (VCWB), during lockdown we were very much part of the front line. Volunteers took a lot of calls where they were really concerned about the individual, responses to that concern would depend on the volunteer who took that call. It would be beneficial for GP to be involved in the planning of the response to any future Covid restrictions so referral routes can be established so volunteers are clear on where to refer if they are concerned about individuals.</p> <p>TB, are there local escalation policies in place are they visible? The SAB spent a lot of time creating the MARM which sits above Local Procedures we need to ensure that people access it.</p> <p>DN and LA (EDS), agrees with the challenges that LA's have shared.</p> <ul style="list-style-type: none"> Compared with last year there has been a 53% increase in the time taken to resolve cases. EDS have seen complexities around: Hospital Discharge, capacity of carers due to shielding, introduction of 7 day working. All of which resulted in an increase in EDS involvement. 	<p>Share final report on suicide audit with SAB - PP</p> <p>Consider links with ICP – TB/LM</p> <p>Share local escalation policies and the locations</p>

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	<ul style="list-style-type: none"> • Saw a decrease in contact in regard to children’s social care this may have been a result of the school closures. • Increase in Adult Mental Health cases. • Increase in resolving housing issues for people who are homeless. • Housing is a massive issue, as establishments that used to support with emergency accommodation having limited capacity due to social distancing requirements. • Regular meetings are being held with Local Authorities to prepare for a possible second wave and winter pressures, Reading have been particularly proactive. • Was a challenging time, LA’s may wish to consider reintroducing 7 day working in light of a possible second wave. • Note the increase in female suicide have noticed an increase in having to support children due to parents being unable to cope. • Seen impact on our workforce due to home working (not having the space or able or able to log off on time), general public taking frustrations out on staff, own safety concerns regarding Covid 75%, of workforce are BAME. • There has been a impact on AMPS, there was a massive demand for out of hours, due to shielding requirements. <p>TB, it is an important point that EDS have brought up about staff wellbeing and safety and is integral to all issues the partnership are working with.</p> <p>5 Minute break took place it was agreed that the meeting will focus on this agenda item an all other items will be endorsed via email after the meeting.</p> <p>PP, there has been a significant impact on staff, RBFT have seen an increase in antisocial behaviours towards staff. Staff are being supported to manage this with training. Our staff are exhausted if we don’t look after our workforce there will be no one there to support the vulnerable.</p> <p>TB, staff safety and wellbeing needs to be added to our risk and mitigation log. The impact of the pandemic to staff on their work and personal lives is a heavy burden. Partners are asked to share any useful initiatives to support the workforce.</p> <p>RBFT and BHFT, are jointly commissioning a staff wellbeing centre.</p>	<p>with LM – All statutory partners</p>

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	<p>JPT, the Safeguarding Team have struggled with the isolation that working from home brings, in an office environment the team are able to seek immediate peer support when dealing with concerns to which some can be particularly upsetting. It is impacting on the workforce's mental health as they are unable to leave the office and will often work too many hours as they cannot leave their workspace.</p> <p>LA, have raised issues with home working with our chief executive, our screening officers are predominantly young mums who do not have the space to work at home. They are the first point of contact for distressing incidents such as child deaths. Had 2 members of staff who are off sick due to stress and anxiety. Staff have reported feeling silly/guilty for feeling stress and anxious as they are not on the front line and therefore should be able to cope. PP, having staff on site is a benefit, RBFT have processes in place to support staff around distressing incidents such as child deaths, this could possibly be extended to EDS staff.</p> <p>SiB/AS, staff surveys have indicated that staff enjoy working from home and would like this to continue if they have access to the office a couple of days a week.</p> <p>TB, this has been a very helpful discussion we need to pick out areas discussed that the SAB need to take action on and include in our business plan.</p> <p>The following was agreed:</p> <ul style="list-style-type: none"> • Self-Neglect and Homelessness – this is not a new issue but has been exacerbated as a result of lockdown, as people have been brought to the attention of services that wouldn't have previously been before. • Care Homes – how do the SAB build a relationship with providers so we can work successfully with them, monitor closed environments and stay alert regarding provider failure? • Advocacy – how do we ensure that individuals have access to appropriate advocacy? • Inappropriate referrals – will be addressed by agreed actions from Local Authorities and TVP. • Hospital Discharge – How will be SAB be assured that hospital discharge pathways are effective and safe? • Learning Disability – is an area that requires focus. • Carers Stress – as we move onto the next phase of the pandemic, we need to ensure that the services supporting with the response are clear on how to report and escalate concerns about individuals. • Hoarding – this links with Self-Neglect 	<p>Share staff support processes with EDS to consider implementation - PP</p>

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	<ul style="list-style-type: none"> • Winter plan, this needs to be considered with the SAB priorities and it links closely with the care home issues. • Staff wellbeing, how can we support staff with professional and personal challenges? • Domestic Abuse is already a SAB priority but may require adapting in light of our discussions, it would be helpful to see the report on female suicide. Debt as a result of lockdown may impact in this area. <p>The Risk and Mitigation Log and 19/20 Business Plan will be revised based on these discussions and represented to the SAB for approval.</p> <p>The Business Plan needs to be realistic with clear priorities, so the SAB need to consider capacity when endorsing. It was agreed that subgroups need to be re-established once the business plan is approved and a meeting will be held with subgroup chairs prior to the subgroups restarting to discuss how the priorities will be achieved.</p>	<p>Risk and Mitigation Log to be updated based on discussions and sent round to SAB members for vital endorsement – TB/LM</p> <p>20/21 Business Plan to be updated based on discussions and sent round to SAB members for vital endorsement – TB/LM</p>
3.	<p>AoB Agreed that all other agenda items will be endorsed via email.</p> <p>There was no urgent business raised and TB closed the meeting.</p>	<p>Agenda items to be endorsed virtually - All</p>
<p>Date of Next Meeting – 8th October 2020, SAR meeting – virtual 3rd December 2020, Full Board Meeting – Location TBC</p>		