



MINUTES				
<b>Meeting Title</b>	West of Berkshire Safeguarding Adults Partnership Board			
<b>Date</b>	Weds 8-12-21			
<b>Time</b>	10:00-13:00			
<b>Location</b>	Microsoft Teams			
<b>Chaired By</b>	Teresa Bell			
<b>Confirmed Attendees:</b>				
Teresa Bell, Independent Chair, SAB	Andy Sharp, Executive Director - People, West Berkshire District Council	Alison Durrands, Director of Transformation and Quality Improvement, Berkshire Healthcare Foundation Trust – for item 3 only	Simon Broad, Assistant Director - Adult Social Care at Wokingham Borough Council, Wokingham Borough Council	Lynne Mason, Business Manager, SAB
Rachel Spencer, CEO, Reading Voluntary Action	Supt Steve Raffield, LPA Commander Reading, Thames Valley Police	Kathy Kelly, Head of Safeguarding Adults, NHS Berkshire West Clinical Commissioning Group (CCG)	Seona Douglas, Director of Adult Care and Health Services, Reading Borough Council	Philip Bell, Involve
Jo Lappin, Assistant Director for Safeguarding, Reading Borough Council	Jennie Henstridge, Senior Probation Officer, National Probation Service	Linda Andrew, Acting Head of Service, Emergency Duty Service	Lorna Pearce Head of Adult Safeguarding, Wokingham Borough Council	Mike Harling, Principal Social Worker, West Berkshire District Council
Patricia Pease (PP), Associate Director for Safeguarding and Mental Health, Royal Berkshire NHS Foundation Trust	Deborah Fulton, Director of Nursing & Governance, Berkshire Healthcare Foundation Trust – Item 3	Sue McLaughlin – CC presenter, agenda Item 11 only	Debbie Hawkins – SAB Business Support	Anthony Hesleton, Head of Safeguarding & Prevent, South Central Ambulance Service
Jane Fowler Head of Safeguarding, Berkshire Healthcare Foundation Trust	Alison Drew, Interim Head of Safeguarding, Royal Berkshire NHS Foundation Trust	Garry Poulson, Director, Volunteer Centre West Berkshire	Andrew Sharp, Healthwatch West Berkshire	Alice Kunjappy- Clifton, Healthwatch West Berkshire
<b>Apologies:</b>				

Simon Price, Head of Housing, Wokingham Borough Council	Cath Marriott, Partnerships and Performance, Office of the PCC - Virtual member	Matt Pope, Director of Adult Service, Wokingham Borough Council	Cllr Joanne Stewart, Executive Member for Adult Social Care, West Berkshire District Council	Liz Warren, Risk Reduction Manager, Royal Berkshire Fire and Rescue Service
<b>To Confirm</b>				
Jennifer Daly, Safeguarding Programme Lead, NHS England South (South East) - virtual member	Sue Brain, Service Manager – Safeguarding Adults, West Berkshire District Council	Nicholas Durman, TBC, HealthWatch Wokingham	Dorcas Nyabunze, Head of Service, Emergency Duty Service	Zelda Wolfle, Acting Head of Housing and Neighbourhood Services, Reading Borough Council
Simon Leslie, Solicitor, Joint Legal Service (virtual member)	Mandeep Kaur Sira, CEO, Healthwatch Reading	Heidi Ilsley, Deputy Director of Nursing, Berkshire Healthcare Foundation Trust	Cllr Charles Margetts, Executive Member for Adult Social Care, Wokingham Borough Council	Patricia Pease, Associate Director for Safeguarding and Mental Health, Royal Berkshire NHS Foundation Trust
Cllr John Ennis, Cllr, Reading Borough Council	Debbie Simmons, Nurse Director, NHS Berkshire West Clinical Commissioning Group (CCG)			

	<b>Item</b>
<b>1</b>	<p><b>Welcome and Introductions</b></p> <p>No conflicts of interests voiced. Meeting was quorate. SD updated the Board regarding a replacement of the Teresa Bell - SAB Chair, who leaves at the end of March '22. Each core member of the board to record a 45 second recording providing an overview of the Partnership. Advert out in Jan '22 to be shared accordingly. Shortlisting 7-2-22 with interviews on Mon 14-2-22. Will be creating a microsite for people to read more information. SD to write to all concerned to confirm the plan for recruitment with a view to have a Chair in situ mid Feb to assist with the handover. TB said she is very flexible to support recruitment and handover.</p>
<b>2</b>	<p><b>Self-Neglect – Understanding my Story – This is what works – Deborah Barnett</b></p> <p>Video shared with the Board to reflect and comment. MH said that it shows how important it is to listen to people's life experiences and build relationships. SB found it a powerful presentation and observes the need to work collaboratively with the voluntary sector to ensure people don't slip through the net. GP felt the presentation framed the issue of hoarding well. The Voluntary Sector in West Berks could benefit from training if the Partnership are able to support with funding. LP said that RBC have just appointed a Hoarding project worker and they will support the voluntary sector.</p> <p> 6. Self Neglect Training Assurance  </p>
<b>3</b>	<p><b>Learning from SW Inquest – presentation from Alison Durrands (AD):</b></p> <p>AD is involved in the prevention of future deaths. AD presented her slides and the changes made following the fire from both a clinical and environmental perspective. AD also explained that the staff involved in the incident in 2015, and more recently at the Coroners Court hearing, were given all the support necessary. SR offered to share their “demobilise and defuse” process of trauma support that they provide to their officers). AD welcomed this and said it would enhance any further learning.</p>

<p><b>4</b></p>	<p><b>Olivia SAR – Paper 1 (KK)</b> - KK requested endorsement and comments from the SAB.</p> <p>KK provided a summary on the issues arising from this Olivia SAR with recommendations and learning for the Board.</p> <p>TB said that this report evidenced that this particular SAR process was an effective one which demonstrated engagement with all parties to agree and implement the learning.</p> <p>JL: asked if Covid had a direct impact on the situation.</p> <p>KK: felt said that personally she felt it a factor as the daughter had declined care and support for her mother whilst working from home during the pandemic lockdown.</p> <p>MH: said that the risk assessment assurance element has now been included in their enquiry form and they provided training to their staff which has improved the overall risk management. He commented that there is a need to identify when issues arise but, in this case, getting hold of people was problematic [during the pandemic].</p> <p>SB: Excellent report which identified pertinent learning. This learning will be disseminated through their workforce. SB pointed out that 80% of their service users don't have an allocated worker and that Covid may have contributed. He fully endorses the learning from this SAR.</p> <p>RS: said she would like to see a focus on carers in future reviews to understand the decisions they make and the motivators; also, to identify any support required to carers.</p> <p>TB is completing some work around prompts to carers, so took onboard RS's comments.</p> <p>KK: said that the SAR Panel can consider the carer in future recommendations. KK thanked the author, the Principle Social Worker and Safeguarding Manager involved from Wokingham Borough Council.</p> <p>SR: posed a question as to whether their Adult Safeguarding concerns sent to Local Authorities (LA) contained the right information for SW's to complete proper assessments – <i>discussed in next item</i>.</p> <p>LA: Very good report and raised the matter around the impact of people working from home and the potential stress on carers as there is more dependency and highlighted that maybe carers underestimate the stress involved with being a full-time carer.</p> <p>KK: said the recommendations are clear which can be responded and reported on from the Partnership.</p> <p>TB said that the Board recognises the work that has gone into the SAR report and endorsed it. Also, to note the points made in relation to a Carer being focused on in future SARs.</p> <p>LM: It was felt create a learning article for endorsement rather than publish the SAR. LM will send to partners for assurance through the Learning and Development subgroup and feed back to Board.</p> <p>TB: agreed to this sensible approach and also the proposal to anonymise the learning before promotion.</p>
<p><b>5</b></p>	<p><b>RBC presentation - review of safeguarding and out of scope referrals update</b></p> <p>Jo presented the slide deck. A "Safeguarding Improvement Programme" is now underway in RBC. The route cause is that partners and agencies are using their Safeguarding team as a single point of contact for all referrals i.e. mental health and welfare concerns, safeguarding and care and support needs etc. Only 33% of their referrals converted to a S42 enquiry in 20/21. This volume of referrals is impacting on the service because</p>

	<p>it prevents the professionals from processing referrals in a timely way to be compliant with the statutory framework in making decisions. GDPR and consent is also an issue impacting on processing and investigating.</p> <p>TB: Said that the improvement programme will be helpful preparation for RBC for anticipated future changes to assurance in the H&amp;SC Bill.</p> <p>RS: said that this work that ASC in Reading was encouraging to hear. They have talked to their partners about having a session in Feb which will tie in with the rollout. RS asked about Social Prescribers and whether there is something they can do to educate more around alternative pathways.</p> <p>JF: Said that the plan to request that everyone uses an online form would cause an issue as they work across 6 different localities and therefore asked whether this can be negotiated.</p> <p>JL: clarified that they are not saying that RBC won't accept the DATIX report, but this is just a prompt to use the online form as this would be beneficial to RBC. JL would welcome a discussion with partners around the quality of the referrals around abuse and neglect as this needs to be clear on the referrals.</p> <p>KK: Said that further comms would be required to make the referral route clear. Access to make calls to the service will be good but how to access to care and support, needs to be addressed. They can encourage online referral use, however, the DATIX referral process will have to stay in place as this would entail much work to implement for Berks Healthcare and RBH. She felt this change will increase the number of referrals into Social Care.</p> <p>TB: suggests discussions around the DATIX with relevant partners are held as part of the improvement programme meetings.</p> <p>SB: said that WBC conversion rates are around 30-40% in Wokingham. Which is due to the quality of the work referred. SB said that an increase in the conversion rate doesn't always mean a good thing.</p> <p>RS: said that every workforce is stretched therefore getting the right people in the right place, so willing to work with JL on the pathways. Social prescribers could support too.</p>
<p><b>6</b></p>	<p><b>Minutes of Last Meeting and Action Log Paper 2 and Paper 3</b></p> <ul style="list-style-type: none"> <li>• Minutes agreed and endorsed.</li> <li>• Actions - none</li> </ul>
<p><b>7</b></p>	<p><b>Safeguarding Numbers – Paper 4</b></p> <p> 4. Analysis of Safeguarding Numb</p> <p>LAs have seen a significant increase in Safeguarding Concerns in Q1 and Q2 21/22. However, must factor in any changes in recording practices. There are inconsistencies across the comparator groups not just our Partnership areas which is hard to make comparisons.</p> <p>SR: they have more younger officers so need a careful balance, as don't want dissuade officers in reporting safeguarding matters.</p> <p>LP: The higher conversion rate relates to a good understanding of the referral process and the threshold. Not all are from the Police and Ambulance Service. Training is happening with the MASH team to help them understand what constitutes a welfare or a safeguarding referral and the criteria under the legal routes.</p>

	<p>JL said that there are more concerns coming in which are not safeguarding matters i.e. more about vulnerability, mental health or care and support needs.</p> <p>JH: Sending the referrals to the right place is important and asked if Covid has impacted on the volume of referrals.</p> <p>LM: In lockdown numbers dropped and then slightly increased post lockdown.</p> <p>LP: said that complexity is greater as people left it later to refer, therefore issues are now more complicated and time consuming to resolve.</p> <p>TB: Said that the national Insight surveys also highlight these issues.</p> <p>AK-C: Do we know if ethnic minorities are being highlighted in the data gathered.</p> <p>LM: This was covered at Performance and Quality sub-group but suggested to focus on this at the next meeting and report back.</p> <p>AH: Have created a new form to make the referrer think about both care and support needs and safeguarding issues. This form is being tested by software developers. Will be rolling this out once it has been trialled and can share the form with partners before it goes live. Thinks the increase in numbers post lock is down to the fact that there was less engagement during the lockdown. They are now seeing a 70% increase in domestic abuse.</p> <p>GP: Looked at the West Berks portal to try to report an abuse issue and thought the process was improved. He pointed out that the need to ensure the “bot” understands the different terminology used by referrers.</p> <p>KK: Reinforced AH’s point and pointed out that Health work across the whole of the Thames Valley and that SCAS covers 8 counties so unable to work with one Local Authority. Also wanted to recognise the work that has been completed by SCAS and the flexibility to work with partners.</p> <p>TH: If anyone would like access to test the site to trial it, to let him know and will share with software developers to see if this is possible. It is very complex to implement changes to their forms.</p> <p>TB thanked Lynne and P&amp;Q group in producing these stats.</p>
<p>8</p>	<div style="text-align: center;">  <p>5. Subgroups update to the Safeg</p> </div> <p><b>Subgroup Updates – Paper 5</b></p> <p>The highlight report covers the work in the subgroups.</p> <p><u>SAR Panel</u>: busy but going well and making good progress. All are ready to go to Board. Extraordinary meeting in Jan to look at Adam SAR. SAR Louise is very sensitive so will go to the Exec Board in Feb. No new notifications.</p> <p><u>Performance &amp; Quality (P&amp;Q)</u>: are completing group work on data and producing reports and looking at SAR recommendations and assurance around the learning. They are monitoring self-neglect data – KPIs will be available shortly. Appreciative inquiry report is in draft and report to SAB in March.</p> <p>“Pressure Care – how to monitor performance”, the group felt they were unable to monitor this and provide a KPI. They felt it would be better to promote awareness of pressure care management and bring a paper to Board in March.</p>

	<p>DoLS performance: in 20/21 number of applications completed within 21 days (standard) the national average was 24%; Wokingham at 22%; Reading 6% and West Berks 4%. Will escalate this to the Board. Details in the paper 5.</p> <p>JL: said that this data needs to be considered in a contextual way as relates to the pandemic period and always working in arrears.</p> <p>MH: This issue was raised with their Members in West Berks and the risk signed off by them using the ADASS risk assessment tool. More resources will help to get the numbers up.</p> <p>KK who attended this group recognised it's a national issue but wanted to raise that this could be around resources, but they don't have the evidence to support this.</p> <p>SB: The ADASS risk tool is agreed nationally.</p> <p>TB: said that if capacity <i>is</i> having a detrimental impact on safeguarding, that it is right to go back to LAs to ask for more information. Once we have that information it can be escalated as needed.</p> <p>AS: Added to MH's comment, that West Berks have reported to their boards about the capacity and the impact and this has been through their Chief Executive; they used the ADASS risk tool.</p> <p><u>Learning &amp; Development (L&amp;D) Sub-Group</u>: bitesize on the learning on the John SAR and powers of a LPA conducted and well attended (over 200). Feedback was also positive. Now creating a practice learning piece around Ruth and to be promoted soon. Bitesize session requested on self-neglect and pressure care. However, felt awareness not required but need to support partners in other ways. Case studies are felt very helpful and attendees like to discuss and unpick these.</p> <p><u>Pan Berks &amp; Policy</u> the sub-group endorsed and published pressure care management pathway. They have produced a form for PiPOT referral pathways.</p> <p><u>Voluntary care sector</u> this sub-group have not met yet.</p> <p><u>Communication &amp; Engagement</u> – looking to relaunch but need names of report.</p> <p>LM reported to the Board that there is a need for volunteers to chair the sub-groups; not necessarily from a safeguarding background. LM reported that LP is stepping down as Chair for the L&amp;D sub-group.</p> <p>TB thanked everyone for the contributions to the sub-groups. Also thanked Lynne for all her work in corralling everyone; especially the work around the Appreciative Enquiry which TB said she was very impressed with. The draft report looks excellent.</p>
<p><b>9</b></p>	<p><b>Self-Neglect Training – Paper 6</b></p> <p>L&amp;D sub-group produced a questionnaire to the partnership around self-neglect which showed varied results re training on self-neglect across the LAs. There is good awareness but there could be more awareness around the right pathways. The group suggested multi-agency training.</p> <p>TB suggests linking this into the MARM and the voluntary sector.</p> <p>The group suggested using a threshold toolkit from Wokingham for all LAs. Also, to highlight this in the bitesize learning session.</p>

	<p>TB: said that this needs to be worked through with those who work with these on a day to day basis i.e. through sub-groups.</p> <p>LM suggested further discussions at the Safeguarding Leads.</p>
<p><b>10</b></p>	<p><b>SAB Progress Updates: Business Plan, Learning from SARs/Audit Tracking and Risk and Mitigation Log - Papers 7,8,9</b></p> <p>TB: reported that it was discussed via the Executives meeting that one of the members takes responsibility of having oversight of our priorities. Therefore, Seona Douglas is going to take a lead on Self-Neglect, Andy Sharp on pressure care; Matt Pope/Simon Broad - organisational safeguarding.</p>
<p><b>11</b></p>	<p><b>CC SAR - <a href="http://buckssafeguarding.org.uk">Official Sensitive (buckssafeguarding.org.uk)</a></b></p> <p>Sue McLaughlin gave an update. The investigation was very complex due to 2 providers being involved. It raised awareness of issues arising from the absence of a key person overseeing the matter. They have created a video to provide learning and illustrate the frustration when a worker has one part of the puzzle and others have another and how the real issues are not discovered. They used this for the whole Trust and had good learning and turnout. Have reviewed the CPA documentation and how we use it on Rio and with other agencies. Further work underway on reviewing the CPA framework which is a massive piece of work.</p> <p>RE S117 – still struggling with responsibilities around this and found different LAs have different thresholds etc. So difficult to resolve any disagreements.</p> <p>They did accept all the recommendations from Serious Case Review. They found difficulties when BHFT commission an independent placement and monitoring these to see whether the placement meet the needs of an individual. They took a random sample to audit and found lots of variations on who should take responsibility to carry out checks on the placements. Felt they should take a part in these checks to ensure they are satisfied the placements are fit for purpose. They created a new template; checklist and a new placement team now operates to gain assurance that patients are getting what they need. Also developed an audit tool which is completed by an independent person.</p> <p>Another issue centred around when a funding authority have a placement out of area, that any issues are noted on their checking mechanisms.</p> <p>An External review found the documentation needs to be more robust especially on discharge from hospitals, therefore some changes have been made in the form of a template. However, found that these sometimes don't add any value.</p> <p>They will incorporate the learning from the review of the CPA framework. Possibly having these risks recorded on the "single spine". Risks assessment, tools and templates can be unwieldy for staff to use and therefore working hard to try to get these tools rights. They are holding a stakeholder event to iron out these issues.</p> <p>Escrows are still being used in learning events to ensure there are no gaps in the learning.</p> <p>TB thanks Sue for work that has been completed and for providing the update today.</p> <p>LP: re the CPA framework said it was how risks can be shared is relevant and difficult to extract which was one of the learnings from the Louse SAR.</p>
<p><b>12</b></p>	<p><b>Annual Report 20/21 – Paper 10</b></p> <p>TB asked for endorsement of the Annual Report. All agreed. PP said she would like the report to include the SAB governance structure.</p>

<b>13</b>	<b>Information Items</b> <ul style="list-style-type: none"><li>• SAB Budget – Paper 11</li><li>• SAB Dashboard - Paper 12</li><li>• SAB Board Report – Paper 13</li></ul> The Blue Light project: Safeguarding Vulnerable Dependent Drinkers Project Briefing – Paper 14
	<b>AOB</b> <ul style="list-style-type: none"><li>• PP is stepping down from the Board after today. TB thanked PP for her contributions to the Board.</li><li>• KK will be leaving her post for 6 months so is her last Board meeting. An interim appointment will be recruited to the CCG Designated Safeguarding Lead role in her absence.</li></ul>
<b>Date of next meeting: Wednesday 16<sup>th</sup> March '22 @ 10-1pm</b>	