

# West of Berkshire



Safeguarding Adults Partnership Board

*'Achieving by working together'*

## Safeguarding Adults Partnership Board Meeting

3 March 2015

### MINUTES

<b>Attendees:</b>	Sylvia Stone – SS (Independent Chair)	Natalie Madden – NM (Business Manager. Minutes)	Sarah O'Connor – SO'C (Wokingham BC)
	Patricia Pease- PP (Royal Berkshire Hospital NHS Foundation Trust)	June Graves – JG (West Berkshire District Council)	Michelle Tenreiro-Perez - MTP (Reading BC)
	Lynn McFetridge – LM (Wokingham BC)	Jenny Selim – JS (CCG)	Sue Brain – SB (West Berkshire District Council)
	Simon Leslie – SL (Joint Legal Team)	Debbie Johnson – DJ (Probation)	Penny Conroy – PC (Emergency Duty Service)
	Melanie O'Rourke – MO'R (Reading BC)	Cathy Haynes – CH (BHFT)	Tony Hesleton – TH (South Central Ambulance Service)
	Linda York – LY (Thames Valley Police)		
<b>Apologies / did not attend:</b>	Debbie Daly – DD (CCG)	Nancy Barber – NB (Berkshire Healthcare Foundation Trust)	Elizabeth Rhodes – ER (Royal Berkshire Fire and Rescue Service)
	Johan Baker – JB (Chair of Wokingham Safeguarding Forum)	Rebecca Norris – RN (HealthWatch Reading)	
<b>Date of future meetings:</b>	Tuesday 2 June 2015 1000-1200 - Council Chamber, Market Street, Newbury Tuesday 1 Sept 2015 1000-1200 - Committee Room 1, Council Office Plaza West, Reading Tuesday 1 Dec 2015 1000-1200 - Wokingham, venue tbc		
<b>Item</b>	<b>Discussion</b>		<b>Action</b>
<b>1. Welcome and apologies</b>	See above.  Elizabeth Porter and Margot Gosney Royal have stepped down from the Board.		

	<p>Berkshire Hospital NHS Foundation Trust will now be represented solely by Patricia Pease.</p> <p>Suzanne Westhead has a new role as Interim Head of ASC and as such will attend Board meetings when they are held in Reading. Melanie O'Rourke will replace Suzanne on the Board.</p> <p>The Board would like to thank all the above for their commitment to safeguarding adults and their and valuable contributions to the work of the Board.</p>	
<p><b>2. Previous minutes and matters arising</b></p>	<p>Minutes of meeting on 3 December 2014 approved as accurate.</p> <p><b>Royal Berkshire Fire and Rescue Service</b> As result of Dave Philip's attendance at the December Board meeting, a member of the RBFRS' prevention team attended the Provider Services Forum in West Berkshire and his presentation was very well received.</p> <p><b>Ms F Case Review</b> Partnership and Best Practice Group reviewed the findings from the Ms F Case and agreed that it is important for individual agencies to identify how learning will be embedded within each agency. The summary document and findings will be circulated to Board members for wider circulation in each agency. A covering letter will be sent to Board members asking what actions individual agencies are taking to embed learning.</p> <p>Workshop has been delivered in Reading and Wokingham. Presentation and hand outs from the Ms F Workshop to be circulated to all relevant staff in West Berkshire, CCG and RBFT.</p> <p><b>Website</b> RBC, WBDC, BHFT, RBH, CCG to nominate someone from the organisation to attend publishing training and be responsible for the upkeep of their organisation's material on the SAPB website. Johan Baker is Wokingham's nomination.</p> <p><b>Cost of Best Interest Assessors (BIA)</b> It is acknowledged that the high cost of BIAs is an issue across Berkshire, particularly for specialist areas. Agreement of a common commissioning strategy will be difficult since there is so much demand. Most LAs have a work force</p>	<p><b>MTP send presentation and handouts on Ms F workshop to NM for wider circulation.</b></p> <p><b>RBC, WBDC, BHFT, RBH, CCG send nomination to NM by 24 March.</b></p>

	development strategy in place which includes BIA training. In 2017 a report from the Law Commission is anticipated, giving further recommendations about MCA and DoLS, with further to legislation follow.	
<b>3. Deprivation of Liberty Safeguards</b>	<p>Quarterly update provided by each Local Authority:</p> <p><b>Reading BC</b> has 5 internal BIAs, with a further 3 being trained. A rota is in place which has helped share the workload over the teams. Internal BIAs have been used for 30% of assessments so far. 194 DoLS applications received so far this year, with 153 yet to be completed. Out of these, 20 cases have had no activity. An additional 21 cases are anticipated. DoLS Coordinator is leaving Reading BC and MTP is currently considering provision of this service within the team.</p> <p><b>Wokingham</b> has had substantial support from leadership team around workload pressures. All qualified workers are expected to do assessments. Currently WBC have 8 qualified BIAs, with 6 undertaking training, and external assessors are also used. In May SO'C will identify the next cohort of workers to be trained. Occupational Therapists have also been trained, which is increasing the range of experience and skills. OTs have been very proactive in changing the home environments to mean that a DoLS is not necessary. Out of a projected 620 cases, over 400 have been completed.</p> <p>Templates for referring to the Court of Protection have been developed, which can be shared and used in other areas.</p> <p><b>West Berkshire</b> has had 195 applications to date this financial year, with 10 pending completion (5 of these received very recently). Colleagues are taking a proactive approach and are routinely reminding providers to make DoLS applications. Two dedicated BIAs are allocated to the team and this has helped reduce the backlog of applications. A workforce plan is in place and another 3 assessors are to be trained.</p> <p><b>RBFT</b> have established a DoLS working group to build skills and share ideas.</p> <p>Particular issue has been identified in West Berkshire around young adults who are in college: a recent case will require a separate DoLS for the college setting and a separate one for home. Legal advice has been taken and SB will share this advice with other areas.</p>	<p><b>SO'C forward templates to MTP and SB.</b></p> <p><b>SB share legal advice with MTP and SO'C for information.</b></p>

	<p>Wokingham is currently developing guidance about DoLS in respite settings which will soon be signed off by legal.</p> <p>Credit to be given to all three organisations for looking at creative ways to manage the issue. Important that it stays on the agenda.</p>	<p><b>SO'C forward guidance to MTP and SB for information.</b></p> <p><b>NM b/f for next Board meeting.</b></p>
<p><b>4. Serious Case Reviews:</b></p> <ul style="list-style-type: none"> <li><b>Update on current cases – SAR Panel</b></li> </ul>	<p><b>Case of TCT</b> – Learning report has been produced. SS is waiting to meet with individual's mother - a date has been agreed.</p> <p>The <b>Case of RA</b> was brought to the Panel by Thames Valley Police. It is likely that the case will undergo a full Learning Together review. Chair has previously spoken with Nigel Doak about the case and a request for a formal IMR will go through Linda York.</p>	
<ul style="list-style-type: none"> <li><b>Ms F Report for publication</b></li> </ul>	<p>Board previously agreed that a summary report would be produced, suitable for a wider audience. Members views are invited about the detail presented in the report. This report format will be a good model to use at end of future SARs.</p> <p>Board accepted the report and agreed that it will be published on all organisations' intranet, circulated to teams and used for discussion and training. Any feedback will be fed back to PBP Subgroup.</p> <p>Publication on the website may attract media attention, which the Board will need to be prepared for. Board already has a Communication Strategy in place, which will be re-circulated.</p> <p>The Board will need to evidence what has changed as a result of the case. A covering letter from the Chair of the PBP Subgroup will be sent out to all agencies asking them to evidence what actions have been put in place and what has changed.</p>	<p><b>All agencies publish report on intranets and circulate to relevant teams. Confirm with NM that it has been done, by 30 April.</b></p> <p><b>NM re-circulate Communications Strategy and all members confirm that it has been circulated to relevant colleagues by 31 March.</b></p> <p><b>NM send covering letter to all Board members. All to action and respond by 30 April.</b></p>
<ul style="list-style-type: none"> <li><b>AC report and covering letter</b></li> </ul>	<p>This report of a case in Oxfordshire has been presented at the request of Suzanne Westhead, to be noted by Board. It will also be presented to LSCBs.</p> <p>The brief report gives an overview of the processes rather than detail of the case.</p>	

	<p>As is often the case with complex multi-agency situations, sometimes key agencies were missing at key meetings. The individual has a complex set of needs and there appears to be an ongoing pattern of non-compliance with no consequences; the issues remain.</p> <p>Board members noted the following issues:</p> <ul style="list-style-type: none"> <li>• Links with MAPPA and Adults Safeguarding are not robust enough.</li> <li>• Process driven – no sense of the individual within the report.</li> <li>• Lack of contribution from Adult Social Care.</li> <li>• No consideration regarding the individual's capacity.</li> <li>• Issues around transition.</li> <li>• Effectiveness of MAPPA panel is dependent on who is there: it is felt locally that Health are rarely represented.</li> <li>• It appears that nothing has been done to manage the risks; this young man will continue to be a risk.</li> </ul> <p>TH raised the issue that SCAS are not invited to MAPPA meetings and information is not shared, despite numerous attempts to engage. SCAS has a system that can flag up individuals and households but information about vulnerable individuals is not being shared with them. LY and DJ are joint Chair of Reading MAPPA and cannot recall any contact from SCAS; they will take this up outside the meeting.</p> <p>Board members agreed that there is a piece of work to be done outside of this meeting to see what is relevant and practical in terms of health representation; there is a particular issue getting GPs involved with MAPPA meetings. Board may need to take up this issue of Health representation with the Strategic Management Board. Board would like to review the existing MAPPA arrangements in each local area.</p>	<p><b>LY and DJ liaise with TH re. information sharing and engagement with SCAS.</b></p> <p><b>All let NM which agencies are involved in MAPPA meetings in each local area. NM b/f agenda item for June Board.</b></p>
<b>5. Quarterly Subgroup Reports</b>	<p>Content of the Quarterly Subgroup Reports were noted, with particular discussion on the following:</p> <p><b><u>Governance Subgroup</u></b></p> <p><b>Future financial contributions from partners</b></p> <p>Subgroup proposes that the Board considers the current funding arrangements and whether it is enough to deliver the Board's core business obligations under the</p>	

	<p>Care Act. Subgroup proposes that considering the statutory nature of the Board and additional demands, Thames Valley Police now needs to be funding partner. A letter will be sent from the Subgroup Chair and Independent Chair requesting financial contribution from TVP.</p> <p>Letter will be sent from Subgroup Chair to all funding partners requesting 25% increase to reflect the known workload that has been up till now underfunded. LAs and CCGs to be asked to increase their contribution, rather than provider organisations.</p> <p><b>Membership and Chairing of Subgroups</b> All agencies are asked to review membership of Subgroups and consider how they can contribute. The intention is to have equal representation from partner agencies as Chairs of the Subgroups.</p> <p><b><u>Partnership and Best Practice Subgroup</u></b></p> <p><b>Safeguarding Outcomes Measures</b> The Subgroup considered a summary of the findings from the national pilot. The reality is that doing face to face interviews may not be practical. Subgroup proposes that amendments to the Safeguarding Forms Part 1 and 2 be made and systems set up to enable collection of information; each area will keep colleagues updated of developments, share good practice and keep abreast of national developments.</p> <p>The L&amp;D Subgroup have reviewed the <b>recording skills training</b> and advises that sufficient training is available, but that it is not being prioritised by managers. Training is often not run as there is low take up. The PBP Subgroup believes that management teams are not promoting good practice in terms of record keeping. Line management and supervision are key issues - these areas need to improve if record keeping is to improve. Subgroup proposes that case file audits will be used to provide evidence and case studies for the Board to highlight what the issues are, in time for September Board Meeting.</p> <p><b>Communication and Publicity</b> Website is under development with the content being written by the Business Manager; outline of the main sections circulated to members for review and</p>	<p><b>NM circulate Terms of Reference for each of the Subgroups. All to consider and respond to NM by end of March.</b></p> <p><b>All to review outline of website and send comments to NM by 24 March.</b></p>
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	comment.	
<b>6. SAPB's Constitution</b>	<p>Board approved the draft Constitution pending the following amendments:</p> <p>Member organisations to include:  NHS England (area team)  National Probation Service  Community Rehabilitation Service for Thames Valley.  Refer to Joint Legal <i>Team</i> (rather than Service)</p> <p>Section 1 - clarification about arrangements across the three local areas and the fact there are three Directors of ASC.</p> <p>Section 2 – Clarify that it is the Board's role to <u>oversee</u> that partner agencies deliver on these actions.</p> <p>Section 3.4 - Clarification about political leadership in respect of the three areas.</p> <p>Section 7 - Annual Report will be circulated to CEO in all partner organisations.</p> <p>Board will now be referred to as <u>Safeguarding Adults Board</u>.</p>	<b>NM make necessary arrangements and re-circulate for approval.</b>
<b>7. Board's Readiness for the Care Act</b>	<p>Board members noted the following actions which have been rated as amber on the spreadsheet:</p> <p>1.5 Clarify the interface between safeguarding and quality of service provision – all agencies will be asked to outline their arrangements for quality assurance.</p> <p>5.1 Messages to be developed in line with new website which is under development. Board has requested that partner agencies review awareness raising and other safeguarding information material.</p> <p>5.2 Communication campaign to be developed in line with roll out of website and outcomes of audience matrix.</p> <p>7.2 Record keeping has recently been discussed at Board and Subgroup level</p>	

	<p>following local SCIE Review; existing training has been reviewed and considered sufficient; issue has been isolated that managers do not prioritise this training for their staff: supervision and auditing is an issue. Audits of case files in safeguarding teams will provide information and case studies for the Board, for September.</p> <p>In addition, item 2.1 was queried.</p> <p>2.1 - Co-produce local procedure for carrying out enquiries: Online Berkshire policy and procedures is the overarching procedure; each local area may vary in detail.</p> <p><i>Board to request report from each LA outlining outstanding actions needed to ensure this requirement is met.</i></p>	<p><b>NM to review this action to check its relevance and confirm status.</b></p>
<b>8. Draft Business Plan 2015-16</b>	<p>Submissions for the Business Plan 2015-16 have been received by West Berkshire, Reading, and Royal Berkshire Hospital FT, as well as a brief submission from BHFT.</p> <p>Chair reminded all members that at the Business Planning Day all organisations agreed to submit a completed template outlining the actions that it will take to contribute to the delivery of the objectives in the Business Plan. This Plan will form the basis of the Strategy. The Strategy cannot be written if this information is not provided and an April publication is unlikely.</p>	<p><b>All remaining agencies submit a completed template to NM by 20 March for collation.</b></p>
<b>9. Threshold Guidance Document</b>	<p>Chair reported that the Threshold Guidance Document has proved to be a useful document. Board approved the document that can now be used in practice.</p>	
<b>10. Recruitment of new Independent Chair</b>	<p>Advert for new Independent Chair placed in Guardian, on the three council websites and Independent Chairs Network. Interviews planned for 26 March. If no appointment is made, the Board will need to consider interim arrangements.</p>	
<p><b>11. Documents attached for information:</b></p> <p><b>a) Professional Evaluation of Child Protection Conferences</b></p> <p><b>b) RBH Annual Report and Annual Safeguarding Action Plan</b></p>	<p>Board members noted the Professional Evaluation of Child Protection Conferences that has been shared at the request of Reading LSCB.</p> <p>Board members noted the detailed and useful report and plan shared by RBH.</p>	



<b>12. Any other urgent business</b>	<p>Fire Service Guide for Adults at Risk and a Memorandum of Understanding (both previously circulated) - it is hoped that the draft documents will be agreed by RBFRS members in the next month and will then be formally launched.</p> <p>SCAS do refer any fire risk patients (e.g. immobility, drugs, alcohol and smoking) directly to RBFRS and adult social care.</p> <p>RBH are producing an internal assurance piece of work in response to the Saville Report. Once it has been approved it will be shared with the Board.</p> <p>Consideration to be given to use of screens at Board meetings, to save printing.</p> <p>MTP presented a request from the DAT Manager in Reading regarding drug related death reviews. The DAT finds it difficult to get information from other organisations : how can the Board support the process? The Board can commission a review to be undertaken by the DAAT. This can be included in the SAR Panel's Terms of Reference.</p>	<b>NM include in the SAR Panel's Terms of Reference.</b>
<b>13. Dates of next meeting:</b>	As above.	<b>All to note.</b>
<b>14. Closing Thanks</b>	SS thanked everyone for attending and the meeting closed at 1200.	