



West of Berkshire Safeguarding Adults Board Meeting

21 March 2016

MINUTES

Attendees:	Brian Walsh – BW (Chair)	Natalie Madden – NM (Business Manager)	Hilary Cole – HC (Elected Member, West Berkshire Council)
	Wendy Fabbro – WF (Reading BC)	Robert France – RF (Thames Valley Police)	Rebecca Flynn - RF (Reading BC)
	Sarah O'Connor – SO'C (Wokingham BC)	Kathy Kelly - KK (CCG)	Sue Brain – SB (West Berkshire Council)
	June Graves – JG (West Berkshire Council)	Patricia Pease - PP (Royal Berkshire Hospital NHS Foundation Trust)	Rachael Wardell – RW (West Berkshire Council)
	Stuart Rowbotham – SR (Wokingham BC)	Debbie Simmons – DS (CCG)	Norma Kueberuwa – NK (National Probation Service)
	Suzannah Johnston – SJ (BHFT)	Piers Brunning – PB (Wokingham BC)	
Apologies:	Simon Leslie – SL (Joint Legal Team)	Melanie O'Rourke – MO'R (Reading BC)	Rachel Eden – RE (Elected Member, Reading BC)
	Linda York – LY (Thames Valley Police)	Shona Morrison – SM (Police and Crime Commissioner's Office)	Mandeep Kaur Singh – MS (HealthWatch Reading)
	Abbie Murr – AM (Emergency Duty Service)	Nancy Barber – NB (Berkshire Healthcare Foundation Trust)	Jenny Selim – JS (CCG)
	Jim Weems – JW (Thames Valley Police)	Stan Gilmour – SG (Thames Valley Police)	Lynn McFetridge – LM (Wokingham BC)
	Gabriel Amahwe - GA (Thames Valley Community Rehabilitation Company)	Tony Hesleton – TH (South Central Ambulance Service)	
Dates of future meetings:	Dates of next meetings: Monday 20th June, 1300-1500, Council Chamber, Civic Office, Bridge Street, Reading. Monday 19th September, 1300-1500, Council Chamber, Civic Offices, Shute End, Wokingham RG40 1BN Monday 5th December, 1330-1530, Shaw House, Church Road, Shaw, Newbury, West Berkshire, RG14 2DR		

Item	Discussion	Action
<p>1. Welcome and Apologies</p>	<p>The interim Independent Chair will write to representatives from South Central Ambulance Service and the Emergency Duty Service to reinforce the need for regular attendance at Board meetings.</p> <p>Addendum to minutes: As outlined in its Constitution, the Board acknowledges that for some individuals in smaller organisations a ‘virtual membership’ is the only way they can commit to the Board. These individuals are listed as members, receive all minutes and paperwork and are informed by the Business Manager of agenda items that may be of specific interest to them or issues that the Board would like them to comment on.</p>	<p>BW write to SCAS and EDS.</p>
<p>2. Minutes of last meeting and matters arising</p>	<p>The minutes were approved as an accurate record of the last Board meeting held on 1 December 2015. Board members reviewed the matters arising on the Update of Action sheet previously circulated, with further discussion on the following actions:</p> <p>RW take forward actions to strengthen West Berkshire’ policy and procedures by the addition of explicit reference to mental health, and the Dual Diagnosis pathway by explicit reference to safeguarding.</p> <p>Board to maintain a watching brief on the delayed release of deceased people precipitated by the DoLS process. Board members have not been made aware of any additional issues since December. SO’C highlighted an ongoing issue with reporting by Care Homes to the coroner and LA when an adult is under DoLS.</p> <p>BW reported that ADASS are undertaking an audit of Councils’ compliance under the Care Act. There are clear challenges in terms of budget setting and three Councils have requested a formal financial review in relation to the Care Act. West Berkshire colleagues commented that the Council has taken care to set the budget and review services and procedures within guidance provided by the legal team.</p> <p>Members contact TH directly if they can signpost IMR training. KK has already provided some information to TH and will follow up with him directly.</p> <p>Recommendation to work with NHS England colleagues to agree a standard fee and quality of report from GPs for CoP applications. BW raise with ADASS. DS confirmed that from 1st April the CCG will be full commissioners of primary care and will prioritise actions to ensure a standard quality of GP reports.</p>	<p>RW to follow up with colleagues.</p> <p>KK will follow up with TH.</p> <p>BW raise the issue of a standard fee with ADASS.</p> <p>DS take forward actions to ensure standardised quality of GP reports.</p>

	<p>Deprivation of Liberty Safeguards consultation. The Law Commission expects to publish their recommendations and a draft Bill at the end of 2016. Legislative changes will take a further two years so it is to be assumed that the current framework will be in place until then.</p> <p>The joint adults’ and children’s safeguarding conference will take place on 23 September at Easthampstead Park, which is an accessible venue.</p>	<p>All to note date and venue of conference.</p>
<p>3. Wokingham Domestic Homicide Review</p>	<p>PB circulated the Wokingham Domestic Homicide Report, Executive Summary and the action plan. A presentation ensued.</p> <p>The Domestic Homicide Review (DHR) is the third review of this case, having been preceded by reviews by Thames Valley Police and the Safeguarding Adults Board, and the potential distress that this has caused the surviving daughter was acknowledged. PB raised the issue of proportionality; this case could be perceived as a double suicide rather than a murder suicide, but the decision to undertake a DHR was taken following instruction from the Home Office in September 2014.</p> <p>A Panel of agency representatives was formed and an independent author was appointed. Individual Management Reports (IMRs) were requested from the agencies that had been in contact with both adults. The views of the surviving daughter were also sought.</p> <p>The Review Panel concluded:</p> <ul style="list-style-type: none"> • That there was no evidence to confirm any incidents of domestic abuse in this case. • That systems, policies and processes of the NHS and WBC did not directly impact on the incident itself. There were examples of lack of clarity and confusion that may have delayed engagement from professionals but there is no evidence to indicate these contributed to the deaths of the adults. • That there was a lack of consideration by professionals of the interaction between the physical health and mental health and wellbeing of the adults. • That the Occupational Therapist sought to gather information to make an accurate assessment of Adult A’s needs and to gain a wider picture of her circumstances. • That the caring role of Adult A was not adequately assessed or understood and that professionals could have been more proactive. • That the statutory responsibilities of public bodies should not be diluted by increased levels of self-care and self-management. • That the DHR process may not always be the most appropriate process for a review of this type of case. 	

	<p>The IMRS contained their own recommendations and these are set out in the full report. The DHR Panel made five specific recommendations:</p> <ol style="list-style-type: none"> I. That a work programme be undertaken to raise awareness of the links and impact of older age in relation to mental health and wellbeing so that professionals are better equipped to conduct holistic assessments. II. That the definitions of vulnerability be reviewed to ensure compliance with national policy. III. That systems and processes for referral to adult social care be regularly reviewed to ensure fitness for purpose and that they are well understood. IV. That NHS England work with SCAS to develop their understanding of conducting IMRs to an appropriate standard and that SCAS embed this within their operating policies. V. That the DHR process be considered by policy makes to ensure a proportionate and appropriate response to such incidents as examined by this review. <p>The IMR produced by SCAS did not reach acceptable standards and caused significant delays in the process. DS requests that all future requirements for SCAS to produce an IMR be directed to the CCGS from the outset.</p> <p>The delivery of the action plan will be overseen by the Community Safety Partnership which is chaired by the Chief Executive.</p> <p>This was an unusual case and PP commented that if the Hospital was presented with a similar situation in the future it is unlikely that vulnerabilities would be identified. SR alerted the Board to a similar case in Wokingham that is likely to result in a DHR which again highlights the need for further training to improve the ability of front line staff to identify vulnerabilities of service users.</p>	
<p>4. West Berkshire Council Peer Review</p>	<p>RW presented headline findings from a recent Peer Review of West Berkshire Council. The final report will be shared with the Board once it has been endorsed by elected members in West Berkshire.</p> <p>Key areas covered in the Review were Making Safeguarding Personal (MSP), partnership working and local management of safeguarding. Comments on the Board’s arrangements will also form part of the final report.</p> <p>RW outlined some positive findings which included:</p>	<p>RW share final report with BW and NM for onward circulation to the Board.</p>

	<ul style="list-style-type: none"> • The Safeguarding Team adds value. • The Quality Team and Deputies are helpful and supportive. • The Council was designing services to meet demand. • The Portfolio Holder was committed and energetic. • Support provided by the DASS and senior officers for MSP. • The role of the Principal social worker was being strengthened. <p>Areas for development include:</p> <ul style="list-style-type: none"> • MSP and a specific recommendation to develop the understanding of partner agencies. • Advocacy. • Use of service user feedback. • The Prevention Strategy and publicity materials. • Provision of domiciliary care in rural parts of the district. • Joined up working with Public Health. • The Complex Case Panel. • Particular staff training needs. • Clarity around division of labour between safeguarding and adult social care. • Web sites (both the Council's and the Board's) to be easier to navigate. <p>Specific areas for improvement for the Board include:</p> <ul style="list-style-type: none"> • Stakeholder and service user engagement. • Governance. • Links to other agendas such as Prevent and FGM. • The profile of the Board. <p>HC reported that she was impressed with the reviewers who conducted the review in a helpful, productive and positive way. Outcomes were fair and reasonable and it was a worthwhile, but resource intensive, exercise.</p> <p>The results of Wokingham's Peer Review will be reported to the Board in due course. SR highlighted the need for the process to become more formal, rigorous and consistent if it is to become the norm. Transparency is important and both reviews should be published.</p>	<p>NM put Wokingham's Peer Review on forward plan for future Board meeting.</p>
<p>5. Business Plan – priorities , outcomes</p>	<p>At the Business Planning day on 18 February, attendees reviewed the current priorities and agreed that they were still fit for purpose but that priority 2 (Making Safeguarding Personal) would not stand alone as a priority but would be embedded within the other four. BW proposed</p>	

<p>and mechanisms to deliver</p>	<p>that thematic Board meetings would help assure the Board that priorities were being delivered, and that each priority would have a lead Board member to retain oversight of developments. The lead Board member may be either the Chair of the Subgroup or the most senior person from the organisation who could support the Chair of the subgroup and update the Board on progress.</p> <p>NM reported that the subgroups have been aligned with the four existing priorities and have reviewed and developed outcomes and actions.</p> <p>RF suggested that Priority 4 be amended to reflect the need for ensuring agencies work effectively together.</p> <p>The Board endorsed the revised priorities, outcomes and actions which will now be developed into work plans for each subgroup and brought together into an overarching Business Plan.</p> <p>It was again noted that membership of the subgroups needs to be widened to properly reflect membership of the Board. Currently the Board and subgroups are too heavily reliant on the same representatives from either health or social care.</p> <p>The Governance Subgroup has been chaired by representatives from Reading and West Berkshire. JG suggested that challenge and balance might be better provided if the role was taken on by a representative from a partner agency other than a Local Authority.</p> <p>BW will have further discussions with Board members in order to confirm priority leads and new chairs of the Governance and Performance and Quality Subgroups.</p>	<p>Subgroup Chairs take forward development of action into a work plan.</p> <p>BW take forward with Board members and confirm priority leads and chairs of the Governance and Performance and Quality Subgroups.</p>
<p>6. Policy and Procedures</p>	<p>In December, the four Berkshire SABs agreed in principle that the Pan-London Policy and Procedures be adopted and adapted to reflect local arrangements. NM has chaired a pan-Berkshire working group that has amended the Procedures which are currently being consulted on. Initially the Procedures will be published as a PDF document on the West of Berkshire SABs website with links made from each Council’s website, with the view to develop a more attractive, accessible version in time. They will go live on 1 April. The pan-Berkshire working group will meet twice yearly to review and update the Procedures.</p> <p>Bracknell Forest Council, who hosts the contract with Tri.x, are currently seeking to terminate the contract and reclaim partial costs.</p>	<p>NM to finalise the Policy and Procedures</p>

	Board members endorsed the steps outlined above.	and publish by 1 April
7. Annual Report – timeframe & resource base	NM and BW are looking at examples of Annual Reports produced by other Boards. The aim is to publish the Board’s Annual Report in the Autumn.	BW and NM to develop a draft format for the Annual Report and bring back to future Board meeting for endorsement.
STANDING ITMES		
8. Key performance Indicators	<p>The Board endorses the three recommendations included in the covering report:</p> <ol style="list-style-type: none"> I. That a future price of work be undertaken to compare demographic and safeguarding data in each area to inform the Board whether particular groups are under-represented in safeguarding. II. That comparator work with statistical neighbours and national data be carried out for referrals from Housing services. III. That new categories for Action taken and risk be incorporated into Level 3 safeguarding training to maintain consistency across the three areas. <p>The LSCBs’ performance data and benchmarking data is presented as charts, with analysis provided by the Local Authority. This approach would require an initial investment to develop a template for use by the three LAs. The existing membership of the subgroup cannot provide the level of intellectual analysis in line with that provided by the LSCBs. A new Chair with the appropriate analytical skills is now required to lead the group.</p> <p>NM fed back concerns raised by MS about figures for advocacy in Reading being so different from neighbouring authorities. WF will check accuracy of figures and take forward.</p>	<p>WF to negotiate within Reading BC and identify someone to produce quarterly analysis report.</p> <p>WF will check accuracy of advocacy figures and take forward.</p>
9. Safeguarding Adults Reviews	<p>To fulfil the Board’s statutory role, Safeguarding Adults Reviews will be a standing item and members will be updated on any pertinent issues. A summary of the cases currently under review was previously circulated.</p> <p>An action plan has been developed following the case of a fire fatality in Reading. The Council and partner agencies have contributed actions and this will be shared between local authorities.</p> <p>Progress of the SCIE Review into the case of Mrs H has been challenged by criminal proceedings.</p>	KK forward action plan to NM for circulation to Local Authorities.

	<p>Board members were asked to note the content of the Learning Report summarising immediate action undertaken by Wokingham to support a Care Home. This case does meet the criteria for a SAR. The Panel is awaiting further information from Thames Valley Police around potential criminal proceedings before any review is undertaken</p>	
<p>10. Deprivation of Liberty Safeguards</p>	<p>Safeguarding Leads gave an update about DoLS activity in each Local Authority area.</p> <p>NM fed back concerns highlighted by MS (HealthWatch Reading) about Reading’s DoLS figures. RF provided assurance that numbers will improve for the following quarter. There have been difficulties in implementing processes, but significant resources and staff time have been invested to manage risks and make improvements. RF thanked SO’C to who has shared Wokingham’s processes to help Reading develop a more effective, streamlined system.</p> <p>Comparative figures between all quarters are to be provided in future.</p> <p>PP reported that the Royal Berkshire Hospital’s numbers will also look different for the next quarter, in particular around urgent applications. The hospital takes a pragmatic view to DoLS, giving patients the opportunity to recover.</p> <p>Wokingham is reducing its use of independent BIAs. Internal BIAs completed 60% of DoLS cases with external BIAs used for 40% urgent high risk cases. Risk is managed through the use of the ADASS priority tool and by periodic audits.</p> <p>There is not yet clarity about what the grant will entail in the coming year.</p> <p>During quarter 3 there were no new referrals for Court of Protection and this figure does not include cases that were reported in quarter 2. There will be a very different picture in quarter 4.</p> <p>West Berkshire’s Court of Protection data does include ongoing cases that were reported in Q2. 78% of applications were completed by external BIAs. Staff turnover has impacted on level of internal BIAs and a reduction in use of external BIAs will take some time to achieve. There is also a low number of IMCAs available.</p> <p>Challenges are expected to become more intense in Q1.</p>	<p>RF, SB, SO’C to provide comparative DoLS figures for future Board meetings.</p>
<p>11. Quarterly subgroup reports</p>	<p>Subgroups are too heavily reliant on representation from health and social care. Board members are asked to consider new Chairs for both the Governance and Performance and Quality Subgroups.</p>	<p>BW to have conversation with Board members outside of the meeting to widen the membership of subgroups and recruit</p>

	<p>The Board endorsed all three proposals contained in the covering report:</p> <ol style="list-style-type: none"> I. That the interim Independent Chair's contract to be extended for a year with an appraisal planned for Autumn and an exercise to recruit a substantive Independent Chair to commence January 2017. II. That the Board's Single Agency Self-Assessment Audit Tool is completed on an annual basis, with the results feeding into the annual Business Planning cycle. III. That income from the West of Berkshire Joint Safeguarding Conferences (approximately £2,000) be used to provide Making Safeguarding Personal training in the private, voluntary and independent sector. <p>BW absented himself from discussion on the first recommendation.</p> <p>RW reported that an emerging suggestion from peer review was to embed MSP across the wider partnership. KK asked for this proposal to specifically include the Health independent sector too as this was identified as an area for development by the Learning and Development Subgroup.</p>	Chairs for the Governance and Performance Quality Subgroups.
12. Risk log	Membership of subgroups to be included as a risk. This has been raised on several occasions.	
13. Communication Items	<p>Domestic Homicide Review to be published on the Board website.</p> <p>Making Safeguarding Personal and the various work streams underway to be widely promoted.</p> <p>Promotion of Pan-Berkshire Policy and Procedures.</p>	<p>NM publish the DHR on Board's website.</p> <p>WF to include article on MSP in Reading's email bulletin for staff and liaise with Press Officers to develop joint press release.</p>
14. Any other urgent business	Board's Constitution to be amended to reflect the Care Act and ensure the funding section is robust.	NM revise the Board's Constitution and circulate. Board members to sign electronically and return to NM.
15. Closing thanks	BW thanked everyone for attending and closed the meeting at 1447.	
16. Dates of future meetings	<p>Monday 20th June, 1300-1500, Council Chamber, Civic Office, Bridge Street, Reading.</p> <p>Monday 19th September, 1300-1500, Council Chamber, Civic Offices, Shute End, Wokingham RG40 1BN</p> <p>Monday 5th December, 1330-1530, Shaw House, Church Road, Shaw, Newbury, West Berkshire, RG14 2DR</p>	