



West of Berkshire Safeguarding Adults Board Meeting

20 June 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)	Stan Gilmour – SG (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)
	Nancy Barber – NB (Berkshire Healthcare Foundation Trust)	Rachael Wardell – RW (West Berkshire Council)	Merlyn Barrett – MB (HealthWatch Reading)
	Stuart Rowbotham – SR (Wokingham BC)	Sarah Morland – SM (Reading Voluntary Action)	Susan Powell – SP (West Berkshire CSP) for item 3
	Steve Appleton – SA (Contact Consulting) for item 3		
Apologies:	Simon Leslie – SL (Joint Legal Team)	Norma Kueberuwa – NK (National Probation Service)	Lynn McFetridge – LM (Wokingham BC)
	Abbie Murr – AM (Emergency Duty Service)	Geoff Davis – GD (Thames Valley Community Rehabilitation Company, South)	Kat Jenkin – KJ (South Central Ambulance Service)
	June Graves – JG (West Berkshire Council)	Tbc - (Royal Berkshire Fire and Rescue Service)	Shona Morrison – SM (Police and Crime Commissioner’s Office)
	Rachel Eden – RE (Elected Member, Reading BC)	Patricia Pease - PP (Royal Berkshire Hospital NHS Foundation Trust)	
Dates of future meetings:	Dates of next meetings: Monday 19th September, 1200-1500, Council Chamber, Civic Offices, Shute End, Wokingham RG40 1BN Monday 5th December, 1200-1500, Shaw House, Church Road, Shaw, Newbury, West Berkshire, RG14 2DR		

Item	Discussion	Action
1. Welcome and Apologies	As above.	
2. Minutes of last meeting and matters arising	<p>The minutes of the Safeguarding Adults Board meeting held on 21 March 2016 were approved as an accurate record of the meeting. Board members reviewed the matters arising on the progress sheet previously circulated, with further discussion on the following:</p> <p>RW will give a progress report on actions strengthen West Berkshire' policy and procedures and the Dual Diagnosis pathway at the next meeting. <i>RW subsequently emailed an update:</i></p> <ul style="list-style-type: none"> • Swanswell (national alcohol and drug recovery charity) have newly updated safeguarding policies and actions have been agreed to ensure closer partnership working with the adult safeguarding team. • Agreement, in principle, by the CCG Children, Maternity, Mental Health and Voluntary Sector Board in March for joint commissioning of the dual diagnosis liaison worker. • Dual Diagnosis working group, which meets monthly, is working to understand the impact of the exclusion of substance misuse clients by some mainstream mental health services until they have been abstinent for three months, and the provision of alternative arrangements. • New shared referral form and enhanced pathway to enable referrals into the community mental health team from Swanswell to occur in a timelier manner. • Swanswell commissioned to provide a counselling service to clients with mild to moderate depression/anxiety. • Job specification for a mental health / substance misuse liaison role within BHFT has been developed for clients with coexisting severe enduring mental health and substance misuse issues. Discussions regarding the funding of this post are underway. <p>BW raised the issue of a standard fee for GP reports for Court of Protection (CoP) applications with ADASS, but reported that, in discussion with the ADASS office, timing was not appropriate for this to be taken forward nationally.</p> <p>KK was liaising with West Berkshire to identify which GP practices require support to improve the quality of reports for CoP applications</p> <p>West Berkshire Council was still awaiting the final version of the Peer Review report.</p> <p>NM has exemplar formats for the presentation of data and will take forward with the Performance and Quality Subgroup next week. Presentation and analysis of data will require</p>	<p>RW share Peer Review final report with BW and NM when it is available.</p>

	<p>support from each LA.</p> <p>The number of people referred to an advocate in Reading has increased from 18% in quarter 1 to 32% in quarter 4. RF and HealthWatch are working to raise awareness and train staff.</p> <p>SR has taken over chairing the Governance Subgroup. Following a discussion at the last Subgroup meeting, SR requested that there be clarity about the Subgroup’s ongoing role, function and membership.</p> <p>WF included an article on MSP in her weekly blog; the message will need to be revisited periodically.</p> <p>BW and NM will summarise the pertinent points arising from each Board meeting for onward circulation by Board members, the voluntary sector and press offices.</p>	<p>SR present paper at the next Board meeting to review the Governance Subgroup’s role, function and membership.</p> <p>BW and NM to summarise the main points arising from each Board meeting. All Board members to disseminate to teams and other networks.</p>
<p>3. West Berkshire Domestic Homicide Review</p>	<p>Steve Appleton presented the findings from the West Berkshire Domestic Homicide Review (DHR). The DHR Panel was co-chaired by Steve Appleton from Contact Consulting and Andy Fry from Royal Berkshire Fire and Rescue Service. The review panel sought to ensure that the wishes of the surviving family members informed its work and that their views were reflected in the Overview Report. Once the Overview Report has been approved by the Home office, it will be published.</p> <p>The facts of the case are not in dispute by any organisation:</p> <ul style="list-style-type: none"> • The individual’s needs were lost within the volume of information received by the Crisis Resolution & Home Treatment Team (CRHTT). • Some mental health care staff made weak clinical judgments and a lack of competency was demonstrated by staff in their recognition of risk and suicidal ideation, knowledge of safeguarding and domestic abuse. • The CHRTT was functioning beyond its capacity. Services lacked clearly defined roles. This resulted in staff treating a wide range of symptoms. • There were deficits in the flow of risk information between South Central Ambulance Service (SCAS) and the CRHTT. In particular, SCAS did not communicate their safeguarding concerns or submit the safeguarding form to West Berkshire Council. <p>The panel concluded that there were missed opportunities to identify risks.</p> <p>An action plan, including the panel’s eight recommendations and those arising from each of the IMRs, will be monitored by the CSP. SA has been invited to audit progress in six months and will report on the themes arising from all the DHRs in the Council.</p>	

	<p>Since the Crisis Resolution Service covers the three LA areas, findings will need to be communicated to Reading and Wokingham. SP confirmed she will take this forward.</p> <p>Under-resourcing was an issue in both Children’s and Adults’ Services. Preventative services can help to prevent non-accidental deaths, but unless funding was badged it risked being used to support the acute sector.</p> <p>SM identified the need to explore how the voluntary sector contributes to support low level mental health needs and whether the safeguarding training that volunteers receive was robust enough.</p> <p>SO’C questioned whether, post-Care Act, we are doing enough to understand the mental health framework, and proposed that the Board consider this as an ongoing theme.</p> <p>BW offered to write to the Home Office to request greater clarification on the role of the Independent Chair of the DHR Panel.</p>	<p>BW write to the Home Office seeking greater clarification on the role of the Independent Chair of the DHR Panel.</p>
<p>4. Specific tools to support Making Safeguarding Personal</p>	<p>The document developed by ADASS to support Boards in promoting and supporting Making Safeguarding Personal across the partnership was previously circulated for consideration.</p> <p>Board members agreed that there was a need to invest more time and effort to promote MSP this year, but there will be obvious financial implications.</p> <p>BW referred to the training delivered locally by Adi Cooper which was over-subscribed and received positive feedback. Training was aimed heavily at social care staff but since MSP was a whole person approach, all agencies need to be involved. There was a need to work with partners and other agencies to raise awareness and the Learning and Development Subgroup has planned workshops for the PVI sector, to be funded from the income from the Joint Conferences.</p> <p>Safeguarding Level 1 and 2 training include MSP slides and KK has delivered training to GPs, which was well-received. SM agreed that voluntary sector staff would benefit from more MSP training and outlined a pilot project in Reading (Joined Up Front Line Action) which focused on the principle of joined up work around a person, although it did not specifically include adult safeguarding. MB confirmed that HealthWatch advocates would value more MSP information and training.</p>	

	<p>WF suggested that training was one side of the formula and there was also a potential role for the Governance Subgroup to:</p> <ul style="list-style-type: none"> • assure the Board that processes are compliant with MSP and that MSP is ingrained in practice; • identify where there is the need for further input; • understand what difference training has made to the practice; and • identify where extra resources could be used to audit and understand impact. <p>SR to consider this additional role in his proposal about the Governance Subgroup’s ongoing role and function.</p> <p>West Berkshire Peer Review included a specific recommendation to develop the understanding of MSP by partner agencies.</p> <p>ADASS invited Boards to pilot the tools included in the document. Tool number 5 (Quality Assurance) could support the Board in developing a performance and quality assurance framework to support MSP. The Effectiveness Subgroup has introduced a twice yearly peer audit of cases and SO’C confirmed that the audit tool was in line with MSP.</p> <p>MB confirmed that HealthWatch would be interested in piloting some aspects of Tool number 3 around seeking feedback from people who have been through the safeguarding process and would like to take this forward.</p> <p>SG questioned the interconnectivity between the various models and approaches (e.g. Making Every Contact Count and the Troubled Families initiative) and suggested that the Board needs to demystify MSP. KK, as Chair of the Communication Subgroup, would welcome a joint press release on MSP. BW will produce a briefing note on MSP to be widely circulated.</p>	<p>SR consider role of the Governance Subgroup in assuring the Board that MSP is embedded, in his paper to the Board. See action under agenda item 2 above.</p> <p>MB and HealthWatch develop proposal to pilot aspects of Tool number 3.</p> <p>BW to produce briefing note on MSP to be widely circulated.</p>
<p>Documents for endorsement</p>		
<p>5. Business Plan 2016-17</p>	<p>NM has cross referenced the draft Business Plan with the ADASS Making Safeguarding Personal support document and embedded relevant actions to ensure MSP was a thread running through the plan.</p> <p>Board members endorsed the Business Plan.</p> <p>Exception reporting on progress against each of the priorities to be provided at the next Board meeting.</p>	<p>NM exception report on progress against each of the priorities at the next Board meeting.</p>

<p>6. Annual Report – proposed format</p>	<p>BW outlined his plans for a simplified format for the Annual Report which will increase readership. BW and NM have reviewed other SAB’s Annual Reports and were impressed with the style and format of Hull’s and Gloucestershire’s.</p> <p>Members endorsed the proposal in broad terms, with the following additions:</p> <ul style="list-style-type: none"> • Are we getting any better than we used to be? • How do we compare with everyone else? • Trends. • Projected risk analysis. • Where to go for help and advice. • Evidence how we work across borders. • Inclusion of the voice of the service user. • Keep MSP at the centre – e.g. a diagram to show how partners work together to make it personal for that person in the middle. • Show how the Board has added value: e.g. audits, MSP, how we evidence that we have applied principles of MSP. • Partnership achievements to show what difference we have made by working together. <p>Combined headline data across the three LAs will not be included but links to the LAs’ Safeguarding Annual Reports will be included. LAs to agree format for the presentation of safeguarding data and include sufficient commentary to provide context and meaning.</p> <p>A draft will be ready in September, to enable presentation to the Health and Wellbeing Boards and other committees in December / January.</p> <p>Board members agreed to provide NM and BW with relevant safeguarding information by end of July.</p>	<p>RW / WF / SR agree format for presentation of LA safeguarding data.</p> <p>NM circulate template to clarify what information was required for the Annual Report from partner agencies. All agencies provide the requested information by the end of July.</p>
<p>7. Communication Protocol</p>	<p>The Communication Subgroup has reviewed the Communication Protocol following a recent significant safeguarding incident which highlighted the need for a joined up approach to communication. SR outlined the details of the case in which a press release and letter from TVP had a negative impact on staff working to address serious safeguarding concerns, further destabilised the situation within the care home and increased the anxiety of families. SG will escalate the issue within TVP.</p>	<p>SR send SG the relevant details of the case and SG will escalate it within TVP. Both to escalate the case to BW if there are any further difficulties that cannot be resolved.</p>

	<p>KK was awaiting comments on the Protocol from the TVP communication lead who believes there may be organisational and statutory reasons why TVP are unable to sign up to this Protocol. SG will follow up with TVP's communication lead to seek comments on the Protocol and to understand what may be preventing endorsement by TVP.</p> <p>RW suggested that it may not be realistic for partner agencies to <i>ensure that any public communication does not negatively impact</i> on another agency, proposing instead that public communication should not <i>comment negatively</i> on other agencies.</p> <p>BW concluded that Board endorsement for the Communication Protocol at this stage was not possible. Any further comments should be fed back to KK within two weeks. The document will be presented to the Board again in September for endorsement.</p>	<p>SG liaise with TVP's communication lead to ensure comments from TVP are fed back to KK and to clarify what is preventing TVP endorsing the Protocol.</p> <p>All to feedback comments on the Protocol to KK by 4 July, to be considered at September meeting for ratification.</p>
STANDING ITMES		
8. Safeguarding Adults Reviews	<p>Members were asked to note the content of the report which summarised progress of the two SCIE Learning Together reviews that are nearing completion, and an additional significant case that was considered by the SAR Panel at its last meeting.</p> <p>BW commented on the small number of people available both nationally and locally to lead on Safeguarding Adults Reviews, which are complex and time consuming.</p>	Chairs of national Safeguarding Adults Boards to consider further actions to increase pool of authors. BW to report at next meeting.
9. Key Performance Indicators	<p>NM reported that due to intense workload pressures during May and June as a result of the statutory returns, there has been no meeting of the Performance and Quality Subgroup and therefore no opportunity for the Subgroup to produce a commentary on the quarterly KPI data. The Performance and Quality Subgroup will review the KPI data at its next meeting on 28 June and provide headline commentary for the Board by email. The group will also devise an improved format for the quarterly presentation of KPI data to the Board from September.</p>	
10. Deprivation of Liberty Safeguards	<p>Members were asked to note the content of the report which summarised annual DoLS data from the three LAs, BHFT and RBH.</p>	
11. Quarterly subgroup reports	<p>Members endorsed the proposal that Kathy Kelly take over as Chair of the SAR Panel as from the next meeting. BW will chair Part 2 of the exceptional SAR Panel meeting on 12 July since KK will be presenting as a lead reviewer on the case of Mr I.</p>	

	Members endorsed the projected expenditure for the year.	
12. Risk log	No additional items were identified for the risk log.	
13. Communication Items	BW and NM to summarise the main points from the Board meeting and circulate to all Board members for dissemination.	
14. Any other urgent business	<p>As part of the assurance process for the Board, the Independent Chair requested meetings with senior representatives from the Board's statutory agencies. In May, BW and NM met with the CEOs from West Berkshire and Wokingham, representatives from the CCG and TVP and in the case of West Berkshire, the Leader of the Council. The meeting with Reading's CEO has been postponed, with no alternative date forthcoming.</p> <p>Items for discussion in West Berkshire were the peer review, the recent Domestic Homicide Review, common themes across the SAB and the LSCB, what difference the Board made to people's lives and the added value of operating over three LA areas. Similar issues were raised at the meeting in Wokingham, as well as discussions regarding consistent police representation and particular concerns about a local care home.</p>	
15. Closing thanks	BW thanked everyone for attending and closed the meeting at 1504.	
16. Dates of future meetings	<p>Monday 19th September, 1200-1500, Council Chamber, Civic Offices, Shute End, Wokingham RG40 1BN</p> <p>Monday 5th December, 1200-1500, Shaw House, Church Road, Shaw, Newbury, West Berkshire, RG14 2DR -</p>	